

DOCUMENT RESUME

ED 276 953

CG 019 570

TITLE Drug Education Curriculum: Senior High. Health Education: Substance Abuse Prevention. Revised 1982.

INSTITUTION New York State Education Dept., Albany. Bureau of Health and Drug Education and Services.

PUB DATE 86

NOTE 205p.; For 1981 edition, see ED 214 097; for junior high edition, see CG 019 569.

PUB TYPE Guides - Classroom Use - Guides (For Teachers) (052)

EDRS PRICE MF01/PC09 Plus Postage.

DESCRIPTORS *Cognitive Development; Drug Abuse; *Drug Education; High Schools; *High School Students; *Humanistic Education; Teaching Guides

ABSTRACT

This senior high school level curriculum guide on drug education is a revision of a 1981 guide. It is one of nine sequential guides for elementary and secondary teachers and administrators designed to prevent drug misuse and abuse through combined cognitive and affective development. The affective model upon which this curriculum is based has three components: development of self-image and positive self-concept, development of communication skills, and the development of coping skills. The introductory section provides necessary background information for successful program implementation: philosophy and design of the curriculum, teacher methods, topical outline of the kindergarten through grade 12 curriculum, and developmental traits. The instructional units include a preliminary materials list and three to four concepts, each with two or more objectives, and one or more activities per objective. Accompanying worksheets and illustrations are also included. Topics for senior high focus on effects of drugs on the homeostasis of the body, drugs and society, communication skills, and motivations and alternatives to drug misuse and abuse. Appendices referred to in the curriculum are available separately from the New York State Education Department. (ABL)

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DRUG EDUCATION CURRICULUM

Senior High



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HEALTH EDUCATION: SUBSTANCE ABUSE PREVENTION

DRUG EDUCATION CURRICULUM

SENIOR HIGH

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The University of the State of New York/THE STATE EDUCATION DEPARTMENT

Bureau of Health and Drug Education and Services

Albany, New York

Revised 1982

Reprinted 1986

ACKNOWLEDGEMENTS

This curriculum was developed by the Bureau of Drug Education, under the supervision of Betsy P. Thompson, Assistant, who also served as Contributing Editor. Anthony Patti, Chairman, Secondary and Continuing Education, Herbert H. Lehman College, served as Project Director and Chairman of the Drug Education Curriculum Advisory Group. Josephine Gemake, Associate Professor, School of Education and Human Services, St. John's University, served as Principal Curriculum Writer.

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The Bureau of Drug Education extends special thanks to the voluntary review teams of school teachers who gave us reactions to draft materials and provided us with supportive and constructive criticism. The teams included: Gil Derle, Kay Devoto, Diana Haiken, Bette McGlynn, Fran Pertusi, Mary Ann Tuttle and Susan Weinstein of the North Bellmore School District; Stephanie Ginsburg and Steven Stein of the Valley Stream Central High School District; and Alan Weissman and Barbara Weissman, P.S. 216K, C.S.D. #21, Brooklyn.

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FOREWORD

This new Drug Education Curriculum Guide is one of nine separate documents - one for each elementary grade level, K-6, one for junior high, and one for senior high. The curriculum is intended for use in all of the schools, public and nonpublic, in New York State. It was developed as a direct result of the Board of Regents Action Plan to Reduce Alcohol and Drug Abuse in the Schools. The Plan was adopted by the Board in May 1979 in response to the problems of substance abuse which have and continue to be of great concern in our society.

The curriculum provides school administrators, Health and Drug Coordinators and teachers with direct assistance in meeting the requirements of New York State Statute Chapter 982, 1977 (Education Law, Section 804) and insuring compliance with the Regulations of the Commissioner of Education, particularly Sections 135.1 and 135.3.

A cooperative school/community relationship is essential to the development of a comprehensive drug education program in which this new curriculum can be the foundation piece. While the curriculum can be implemented without extensive inservice education, an orientation workshop would be helpful and is recommended. The actual use of the curriculum will in itself be an inservice experience for the teachers.

It is generally acknowledged that the cost of substance abuse in our nation is enormous. A recent report of the U.S. Office of Drug Abuse Prevention estimates our annual cost to be: alcohol - \$42.7 billion, tobacco - \$25 billion, and drug abuse - \$10.3 billion. It is estimated that 17% of present or past abusers of intravenous drugs are at risk of contracting AIDS (Acquired Immune Deficiency Syndrome), a disease complex characterized by a collapse of the body's natural immunity against disease. Approximately 50% of all persons diagnosed with AIDS have died. While a large portion of these costs are appropriately targeted for treatment and rehabilitation, it is very important to focus more attention on the implementation of primary prevention programs. The logic effective primary prevention as a means of reducing the costs of rehabilitation and treatment would seem to be self-evident; yet it is unfortunately often overlooked in assigning funds for the development and implementation of programs. While it is, and should be, a matter of priority that the afflicted receive our first attention, many of those not afflicted, if neglected, may soon join them. A majority of students in our schools today need help in acquiring some of the attitudes and skills included in this curriculum to enable them to be responsible for using substances wisely to maintain health.

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Appendices referred to in the curriculum are available as separate, periodically updated bulletins. Single copies for local duplication may be obtained from the Bureau of Drug Education, State Education Department, Albany, NY 12234. Titles planned at press time include those listed below. (New titles may become available, or may replace these.)

- A Definition of Drug Abuse Prevention
- Alcohol and Drug Abuse Prevention Materials of Special Interest to Minority Groups
- Alcohol and Drug Education Resource Agencies
- Alcohol, Tobacco and Drug Education Periodicals
- Alcohol/Drug Interactions Fact Sheet
- The Alternatives Concept
- Communication with Doctors and Pharmacists:
 - A Guide to the Wise Use of Prescription Drugs
- Drug Abuse Prevention Bibliography for Parent Education
- Drug Education References for School Staff
- Packaged Programs for Health and Drug Education
- Possible Signs of Drug Misuse or Abuse
- Student Drug Use in America: Overview of Key Findings

THE SCHOOL-COMMUNITY DRUG ABUSE PREVENTION PROGRAM

THE SCHOOL'S ROLE

Drugs are a part of everyday life in our society, and drugs and drug paraphernalia may usually be obtained by those who wish to use them. While there are many ways to approach the problem of drug misuse and abuse - through legislation; incarceration; controls on growing, manufacturing and marketing; increased supervision of young people, etc. - clearly the most effective approach is to remove the self-destructive and/or misdirected motivations of people who engage in drug misuse and abuse behavior.

While schools cannot achieve this goal alone, they can help lead the way. School drug education programs can promote and direct positive motivations in children through the integration of knowledge with affective skills development; also, schools are perhaps uniquely able to serve as catalysts for bringing communities together for a cooperative effort in a supportive environment.

As a cooperative school-community program progresses, participants will become aware that their efforts are not only leading them to make an impact on the problem of drug abuse among youngsters, but they are also producing healthy side-effects. These side effects have far-reaching implications for overall health, school achievement, improved attendance and reduced vandalism and delinquency. A new sense of pride and purpose grows among all those involved in, and affected by, the program.

SCHOOL RESPONSIBILITIES

All schools have several basic responsibilities for drug abuse prevention programs, as outlined by Education Law, Section 804, Commissioner's Regulations as they apply to all of Health Education, and the Regents Action Plan to Reduce Alcohol and Drug Abuse in the Schools. These include:

1. To provide all students, K-12, with an instructional program designed to develop the attitudes and skills required to make healthy decisions.
2. To involve students in activities that contribute to their sense of self-worth.
3. To insure that the instructional program is conducted by teachers with adequate preparation who provide healthy models for their students.
4. To integrate learning with related subject areas in a manner supportive of program objectives.
5. To coordinate in-school programs - education and service - for more effective drug abuse prevention.
6. To coordinate school programs with those offered by the community, cooperate with community agencies and utilize community resources to reinforce learning in both settings (school and community).
7. To develop, for general publication, written policies and procedures for handling all drug-related situations which may occur on school property. These policies and procedures should emphasize: 1) referral processes that

THE SCHOOL-COMMUNITY DRUG ABUSE PREVENTION PROGRAM, CONT'D

demonstrate a desire to help and rehabilitate students and faculty with drug-related problems and 2) "due process" for students or staff members charged with violations of school policies or laws.

8. To involve parents, students, community agency professionals and community leaders along with school staff in planning program policies and reviewing or participating in other aspects of the program.

OBTAINING SUPPORT FOR PROGRAM IMPLEMENTATION

Basic to the success of the school drug abuse prevention program is the support obtained from the school board, administration, parents, and the community at large. Where to begin is a judgment best made locally. Some suggestions regarding what to begin with may help you decide the most productive route in your district or school. Before you start, it is suggested that you have:

1. A clear understanding of the school's role in preventing substance misuse and abuse and of effective teaching methods for meeting this goal (e.g., an emphasis on positive self-concept and the development of life skills, with drug information presented within the context of affective objectives).
2. Statistics from recent surveys regarding drug misuse and abuse among youngsters on national, state and local (if available) levels.
3. A list of key people in the community whom you believe will be supportive.
4. Support from community agencies and experts. (It is a good idea to call or visit the March of Dimes, Council on Alcoholism, Community Mental Health Center, Drug Abuse Council and/or County Health Department, for example.)
5. A list of community, state and federal resources that can be used in the program. (See chart, p. x, for ideas.)
6. Ideas for promoting cooperative efforts to meet needs and fill possible deficiencies.

PARENT AND COMMUNITY INVOLVEMENT

In a society such as ours, where young people are frequently encouraged to be independent and to make their own decisions, it is imperative that the school, the home, and the community cooperate in providing consistent and supportive policies, leadership and messages that guide youngsters rather than confuse or alienate them.

Such underlying causes of drug abuse as stress and anxiety, negative peer pressure, low self-esteem, inability to cope with emotions, and a lack of positive alternatives must be recognized and addressed concurrently in schools, at home, and in the community at large. Plans for action must compliment one another so that the youngster feels a sense of direction and consensus in communications with his or her teachers, parents or support people in the community on questions dealing with drugs or drug-related issues.

THE SCHOOL-COMMUNITY DRUG ABUSE PREVENTION PROGRAM, CONT'D

The school can take the initiative in bringing together the domains of school, home and community to develop a comprehensive and well-coordinated drug abuse prevention plan. The plan should be based upon a statement of philosophy, which incorporates the following premise:

If our young people have:

- acquired basic concepts regarding health-related matters;
- a positive view of themselves and their ability to exercise a measure of control over their lives;
- family and friends to turn to in times of stress;
- fulfilling and supportive experiences in schools, families, and other social environments;
- experiences in making personal decisions based on their own values, and on the consequences of their behavior...

they are less likely to misuse and abuse drugs.

The success of even the best-planned school program will greatly depend upon the degree of cooperation and support which community, school and parent groups are willing to offer. The greater the amount of parent and community involvement, the more hopeful the school can be that its concentrated efforts will fall on fertile ground. Some specific ideas to insure parent and community involvement are:

1. The district/building Health or Drug Coordinator is primarily responsible for identifying community resources relating to drug abuse. This information should be compiled and made available to school staff.
2. Community agency personnel or other community professionals with an interest in drug abuse prevention should be encouraged to make presentations to the school board, school administrators and other appropriate audiences.
3. A Community Awareness Day: As soon as a district steering committee has been formed and resources have been identified for implementing the program, a Community Awareness Day should be planned. The main purposes of the Community Awareness Day are 1) to receive input from parents and community members regarding their needs, interests and concerns and 2) to establish a solid basis for follow-up meetings and plans involving those persons who are willing to make a commitment to the program. Since this introductory event can be crucial to the eventual success of the program, it must be planned carefully. Appropriate school and community personnel should be identified to present clear, accurate information on school and community drug-related issues and concerns. Roles and responsibilities for drug abuse prevention and education programs and the need for the involvement, cooperation and support of parents and community members must be emphasized. Questions or concerns that attendees are likely to raise should be anticipated, to gain a measure of control over what may be an emotional subject for many. Student representatives should be encouraged to attend to present their views and reactions.
4. Community professionals and parents should be invited to serve on school committees related to policy development, to program, to curriculum development and evaluation, and to materials review.

THE SCHOOL-COMMUNITY DRUG ABUSE PREVENTION PROGRAM, CONT'D

5. Student activities should extend beyond the classroom into home and community. Student surveys, interviews and research assignments provide ways to relate learning to life experiences. Student-produced audiovisuals, plays, demonstrations, debates, pamphlets, etc. can promote parent and community interest in and support for the program.
6. Parent groups should be enlisted to assist in identifying the needs of parents in the community, in obtaining resources to meet these needs and in getting parents and other community members involved in positive approaches to drug abuse prevention.
7. Parent education should be an integral part of the program. Many approaches can be used: take-home material, neighborhood seminars, adult continuing education classes, parent-child communication seminars and workshops in parenting skills, to name a few.
8. "Back-to-school nights" should be arranged to give parents an opportunity to observe classroom activities and student work related to drug education.

COMPONENTS OF A COMPREHENSIVE SCHOOL-COMMUNITY DRUG ABUSE PREVENTION PROGRAM



SOURCES OF HUMAN AND/OR FINANCIAL ASSISTANCE

- | | |
|---|---|
| <ul style="list-style-type: none"> * School District * BOCES * Local Government * County Groups * State Government * Federal Government * Health and Drug-Related Agencies | <ul style="list-style-type: none"> * Church Groups * Service Groups * Professional Organizations * Colleges, Universities * Chamber of Commerce * Independent Business Groups * Police Departments |
|---|---|

PHILOSOPHY AND DESIGN OF THE CURRICULUM

The primary focus of the Drug Education Curriculum is prevention of drug misuse and abuse through combined cognitive and affective development. Research has shown that drug education programs which include objectives that enable students to:

- learn credible information;
- improve their self-concepts, (self-images);
- communicate effectively with others; and
- solve problems and make informed, responsible decisions

result in significant reduction of:

- referrals for drug-related activities and absences;
- instances of disruptive behavior among students; and
- instances of school property damage.

Research has also shown that information is a factor which influences values, problem-solving, decision-making and risk-taking behaviors. To influence behavior positively, however, information must be contained within the broader context of affective skills development.

The affective model upon which this curriculum is based has three components: The development of self-image and positive self-concept; the development communication skills; and the development of coping skills.

The Development of Self-Image and Positive Self-Concepts: Research demonstrates that young children exposed to affective educational activities and materials, designed to improve self-concept and acceptance of others, significantly improve their self-concepts. Individuals with poor self-concepts are more likely to misuse and abuse drugs than individuals with positive self-concepts. Significant reduction of drug use was also found among students exposed to humanistic education, which includes values clarification and values sharing programs. Current data suggests that values clarification and values sharing exercises have positive outcomes for drug abuse prevention education. The Drug Education Curriculum includes objectives and activities designed to improve self-concept, and acceptance of others. It also implements values clarification and values sharing at all levels.

Development of Communication Skills: Skills in effective interpersonal communication enable students to realize a measure of control over their lives and environment. These skills help them to express themselves clearly in a positive and acceptable way, listen actively to others, and share and accept thoughts and feelings as a part of meeting their own needs and those of others. They also help students to bridge communication gaps with parents and other authority figures.

The practice of non-judgmental interaction and sharing has been found to reduce drug use. Sharing thoughts and feelings in a supportive atmosphere enables students to broaden their awareness and acceptance of alternatives to drug use for changing feelings and meeting needs. Assertiveness skills help students resist the pressure of peers to behave in ways that are against their own better judgement. Skills in dealing with stress and pressure can prevent some students from turning to drugs for this purpose. The Drug Education Curriculum includes sequential attention to the development of these skills.

The Development of Coping Skills: Problem-Solving/Decision-Making. Research has indicated that problem-solving/decision-making processes can be taught effectively to fifth and sixth graders and that, in considering drug decisions, these students expressed healthy attitudes regarding drug use. One approach to decision-making is the force-field analysis. The force-field analysis has been identified as an effective means of teaching students to focus on pressures operating in a particular environment. The Drug Education Curriculum develops problem-solving/decision-making skills, including the force-field analysis, and integrates activities related to problem-solving/decision-making throughout the program.

PHILOSOPHY AND DESIGN OF THE CURRICULUM, CONT'D.

Features of the Drug Education Curriculum:

1. The curriculum is designed for direct teacher use in the classroom, rather than as a reference document for a local writing committee. Thus it has been printed as nine separate booklets: seven for K-6, one for junior high and one for senior high.
2. The curriculum is a self-teaching and reference document, as well as a teaching guide, which includes background information, descriptions of teaching methods, suggestions for evaluation and the use of community resources and other helps.
3. The curriculum is sequential. While each grade offers a complete grade-level curriculum, following grades build on and reinforce previous grades without repetition beyond what is needed for review.
4. Concepts represent threads of continuity running through the entire K-12 program.
5. Objectives may be grade-specific, may be developed sequentially to build on a previous grade, or may skip one or more grades, then reappear for review or more sophisticated development. Objectives are worded behaviorally and measurably.
6. Few activities are repeated, although similar experiences are provided on several levels. An effort has been made to include alternate activities - basic and more advanced, individual and group, those that require materials or audiovisuals and those that do not - wherever possible, to meet the varying needs of classroom teachers, and their students.
7. Activities requiring films, storybooks or other materials which must be purchased (other than essential references) are designed to be supplementary rather than basic to the curriculum.
8. Of the materials listed for each grade, only a few basic references and soft material supplies are required to implement the curriculum. Worksheets for teacher duplication are included for each grade. Information sheets, story pictures and patterns are also provided.
9. A column at the right-hand side of each curriculum page provides the elementary teacher with a reference for subject integration of material and the Health Coordinator with suggestions for coordinated efforts with teachers of other subject areas at the secondary level.
10. At the end of each concept, a Culminating Concept Evaluation Activity is included to provide the teacher with feedback from students relating to each completed section.
11. A tear-out Evaluation Form at the end of the guide allows the teacher to become a participant in State level assessment and revision of the curriculum.

The district/school Health or Drug Coordinator is primarily responsible for insuring that teacher selection of activities and resources is coordinated sequentially. The district/school Health Education Curriculum Committee may also choose to adapt the curriculum to local needs and resources through Committee selection, in consultation with teachers, of grade level activities and materials.

CURRICULUM EVALUATION

Evaluation is built into the Drug Education Curriculum, and occurs as the teacher develops a unit as well as at the completion of a unit. During evaluation, information is gathered which focuses on the program, the student's learning and progress, the classroom environment, and the curriculum content. The feedback received can be used to shape the course of study to better suit the needs of teachers and students.

A variety of methods have been used in this Drug Education Curriculum to help gather evaluation data:

- 1) **The curriculum is designed to be self-evaluative.** Objectives are written in measurable terms and activities are designed so that their completion involves students as active, observable participants. Thus observation of student behavior frequently provides the teacher with a means to assess student progress and goal attainment. Extra support can be provided for those students who experience difficulty with specific activities or in achieving specific objectives.
- 2) **Record-keeping** is suggested after the development of each concept throughout the curriculum. These records should reflect the progress of the students. Attitudinal learning activities can be augmented for those students who require support in order to achieve the defined behaviors. Teachers are also encouraged to note activities which were received with enthusiasm and those which required further development. The curriculum is personalized and shaped to meet the needs of most teachers and students.
- 3) **Culminating Concept Evaluation Activities** are included in the curriculum. Cognitive tasks, including paper and pencil activities, are used to evaluate content learning. Question activities are written which require students to respond at different cognitive levels. Questions of knowledge, application interpretation, analysis, and synthesis are used to make the paper and pencil tasks more interesting and viable. Open-ended evaluation sheets for students to complete are also included at each grade level. Students are invited to actively participate in providing feedback about information and activities. In this way, the curriculum is shaped by the students to meet the needs of future students.
- 4) A **tearout Evaluation Form** is provided at the back of each curriculum booklet. Teachers are asked to fill out this form when they have completed their Drug Education Unit and return it to the Bureau of Drug Education, New York State Education Department. The form solicits the reactions of teachers to the Curriculum Guide and opinions which students provided through evaluation activities in the curriculum. These forms will be used by the Bureau to guide the preparation of future guides.

EVALUATION REFERENCES

- Anderson, Gary L., STADUS (Student Alcohol and Drug Use Survey). Guide Book and Survey Book, Center City, MN: Hazelden Literature, 1979.
- Bukoski, William J., "Drug Abuse Prevention Evaluation: A Meta-Evaluation Process." Paper presented at the 4th Annual Conference of the American Public Health Association, New York City, November 4-6, 1979. Rockville, MD: National Institute on Drug Abuse.
- Drug Abuse Instrument Handbook. Research Issue 12. Rockville, MD: National Institute on Drug Abuse.
- Evaluation In Practice. Rockville, MD: National Institute of Mental Health.
- Prevention Resources. Double Issue: Volume IV, Nos. 1 & 2 (Spring and Summer 1980). Rockville, MD: National Institute on Drug Abuse.
- Swisher, John D. "An Educational Policy for School Prevention: Rationale and Research." Contemporary Policy Issues, Vol. 4:27-35, 1976.

TO THE TEACHER: HOW TO USE THIS GUIDE

Each grade level Drug Education Curriculum Guide is divided into three sections: 1) an introductory section, 2) instructional units and 3) appendices.

The **INTRODUCTORY SECTION** provides teachers with necessary background information for the successful implementation of the instructional program. Introductory material is page-numbered with lower case Roman numerals.

The **INSTRUCTIONAL UNITS** include a preliminary materials list and three to four concepts, each with two or more objectives, sequentially arranged, and one or more activities per objective. Accompanying worksheets, illustrations, etc. are contained within the instructional units.

The **APPENDICES** include a variety of reference materials of interest to teachers and other school staff. A glossary of terms is included in grades 5-Senior High. Other appendices, formerly included in each booklet, are now available as separate, periodically updated, bulletins. Single copies for local duplication may be obtained from the Bureau of Drug Education, State Education Department.

It is recommended that teachers use a procedure similar to the following when using this guide:

- Read through the introductory section to gain a thorough understanding of the task to be undertaken, not only within the classroom, but also on a broader scale.
- Scan the instructional units and appendices to get an overview of what they include.
- Identify any weaknesses in personal preparation for teaching basic material and initiate plans to help strengthen these weaknesses.
- Talk to other teachers, staff, etc., to gain perspective on district goals and plans or to stimulate the development of these where they are in need of augmentation or revision.
- Discuss with previous and later-grade teachers, and with the Coordinator, the objectives that need emphasis in your particular grade or class, to insure that district priorities are met, that the K-12 program has continuity, that your time is used efficiently and that related subjects are taught in a manner supportive of the curriculum.
- Plan your activity schedule. Determine the time available by reference to district priorities, the total school health curriculum, identification of overlapping objectives with other areas of health and possibilities for integration of material with other subjects.
- Based on the characteristics of the class, the materials available to you and your personal judgement, select the activities you will use from those suggested. Note that each concept includes a Culminating Concept Evaluation Activity at the end. Where this is to be used, students need to be involved in activities that will enable them to perform the required task.
- Meet with the school librarian or resource center supervisor to discuss materials required. Determine if they are already available or if they may be acquired and how long it will take to acquire them. This should be done several months before the materials are needed, as some distributors, such as the National Clearinghouse for Drug Abuse

TO THE TEACHER: HOW TO USE THIS GUIDE, CONT'D

Information, require some time to respond to orders. Of course, district deadlines for spending must also be considered. If all teachers can consolidate and prioritize their materials requests before submission to a librarian or purchase agent, it will insure fairness, and identification of those materials most important to the program.

Enlist the help of the Health or Drug Coordinator to identify the resource persons and agencies you will use and call, write or visit them--whichever is most appropriate--to discuss your needs and mutual schedules. This is best done as a cooperative activity of all relevant school staff, coordinated and assisted by the Coordinator.

Teachers will recognize many of the concepts and objectives contained in this curriculum as basic to the development of the child and preparation for life and learning in its broadest sense. The goals of positive self-image, self-confidence, self-discipline and self-motivation for students should permeate all school programs and every teaching-learning situation; they should not be seen as "drug education" or "health education" goals alone. They are specifically and purposefully expressed and integrated here, because educational research has demonstrated that drug education programs which focus primarily on content, without adequate attention to motivations and other psychosocial factors, are not effective in preventing drug misuse and abuse. Content-oriented drug education programs may even promote student involvement in the drug scene.

The attitude a teacher conveys makes a deeper and longer-lasting impression on students than all the factual statements in a text or pamphlet. We all teach more by the kinds of people we are than by the teaching we do; no matter what content the teacher is teaching, the student is feeling an emotional response and learning an attitude as well. Experiences gained in a positive, motivating atmosphere produce lasting, positive effects on students. Teacher awareness of these factors can greatly increase the long range effectiveness of any instructional program.

A SAMPLING OF TEACHING METHODS

The methods you use in drug education will make all the difference between classes that are boring, alienating and ineffective in preventing drug-related problems and classes that will get students actively involved in learning and doing things that will give them the facts they should know to make responsible decisions about drug use, while helping them to develop an understanding of health, motivations and behavior.

A variety of methods will make it easier to adapt to individual differences among students. No one method or procedure is suited to every objective or purpose, i.e. a method that is appropriate in one learning situation may not work in another.

The following teaching methods are offered as a pedagogical assortment from which the teacher may choose and adapt those best suited to his or her talents, the classes taught, and the objectives selected.

FEELING CIRCLE

The Feeling Circle is particularly useful with elementary pupils. It can be used as a sharing or problem-solving method for the class, a group or an individual pupil. A small group sits in a circle, usually with the teacher as discussion leader, sharing reactions and ideas.

The feeling circle gives the teacher an opportunity for developing pupil skills in self-expression, listening to others, taking turns, attending to and remembering what was said, and learning to think before they speak, among others. Pupils learn, as a result, to express their feelings, needs and ideas in ways that are socially acceptable and thus effective for them.

BRAINSTORMING

Brainstorming can be used to teach students to respect and build on their own and others' creative abilities and to acquire the experimental frame of mind necessary for effective problem-solving. Brainstorming develops an awareness of a range of possible alternatives, often bringing out some very useful suggestions. An important element of brainstorming is that the students themselves have provided the suggestions: they are active participants in the learning experience.

Brainstorming can be done as a full class or small group activity. The procedure is described below. It is suggested that the teacher introduce the process to students using a simple example, such as the one given in #3.

1. Introduce the topic of brainstorming. It can be described as a first step in problem-solving - a method for getting out the maximum number of ideas for consideration. Emphasize that the only rule is to spill out ideas as quickly as possible, without discussion of your own thoughts or the thoughts of others.
2. Divide the class into random groups of three to five students. Each group should have paper and pencil or pen. Have each group select a recorder.
3. Instruct the groups to think of as many ways as they can to celebrate a birthday. The recorder lists these on the paper.

A SAMPLING OF TEACHING METHODS, CONT'D

4. Give the groups ten minutes to record their ideas. (If any groups lose steam ahead of time, encourage them to keep trying).
5. Ask each group to choose its two most important ideas to be shared with the entire class.
6. Post the lists so that everyone can see how many ideas emerged in a short time.
7. Decide which ideas can be put into effect.
8. Select a planning committee to combine ideas.

As a followup to the activity, ask the class the following questions:

1. Was this a good way to get people to listen to your ideas?
2. Were many good ideas expressed?
3. Can you think of other times we might use this method of sharing ideas in the class?

LECTURE-DISCUSSION

A drug education program that relies heavily on lectures, whether presented by the teacher, an outside resource person or through media, will not be effective in meeting the goals of prevention. When used properly, however, the lecture-discussion method may be the best way to handle a particular objective.

Lecture-discussions may be used to present case studies, hypothetical situations, critical issues or other motivating topics to arouse student interest and set the stage for student activities that follow. Demonstrations may also be included, such as one given by hospital personnel of life-saving techniques. Wherever possible, background information about drugs and drug-related topics should be researched by the students themselves, rather than presented in lecture format by the teacher. The teacher's role is to guide student activity, raise questions and evaluate student progress.

DISCUSSION

Discussion has several purposes: to develop interest in a new topic; to test understanding, concepts and experiences; to exchange opinions and viewpoints; to develop critical thinking, critical listening, and clear discourse; and to facilitate awareness of misleading, irrelevant, and false statements.

Either the teacher or a qualified student may take the leadership role in initiating and facilitating discussion. The teacher should respect each student's beliefs and encourage the expression of personal opinions, while also encouraging students to listen carefully and thoughtfully to the views of others. The teacher should accept rather than judge statements that are emotionally-based, question erroneous statements and make authoritative references available to the students.

FISH BOWL

The Fish Bowl is a technique that enables the classroom teacher to create a small group experience without losing the attention of the class. All the students have an opportunity to get involved, have their say, hear how others perceive a situation and decide on a mutually acceptable solution in an orderly, democratic fashion. The procedure for Fish Bowl is as follows:

A SAMPLING OF TEACHING METHODS, CONT'D

- Step 1. The teacher asks for six volunteers to sit in a circle in the center of the class. (Bean bag chairs are especially good for this activity.)
- Step 2. A seventh chair is placed within the circle.
- Step 3. The rest of the class stands or sits around the outside of the circle and chair.
- Step 4. The six volunteers discuss the problem and say whatever they want to say, while the rest of the class listens.
- Step 5. A student on the outside who wishes to say something must sit in the empty chair and wait to be recognized by one of the others in the fish bowl. Once recognized, this student can briefly state whatever s/he wants to add, clarify or question, then must vacate the chair for someone else.

Possible class problems that could be solved using this activity include cheating, stealing, loyalty, breaking rules, and interfering with the rights of others.

PROBLEM-SOLVING/CONFLICT RESOLUTION

Learning to resolve a conflict situation between individuals, an individual and a group, or between groups, without sacrificing one's identity, self-respect or control over one's life can be one of the most important life skills anyone can learn. To arrive at a solution to a conflict that is mutually agreeable and allows everyone involved to feel satisfied, one must learn how to communicate without demeaning another. The problem-solving methods described below can be used in any conflict situation to help acquire decision-making skills.

Traditional Model for Problem-Solving:

- Step 1. State the Problem: Participants state the problem as they see it and how they feel about it without blaming, criticizing, judging or shaming.
- Step 2. Define the Specifics of the Problem: Participants then note the points of agreement and disagreement.
- Step 3. Brainstorm All Possible Solutions: Participants contribute as many ideas as possible to how the conflict may be resolved, to create awareness that there may be a number of ways to deal with the problem.
- Step 4. Identify the Consequences: Participants select the most suitable situations from the list they brainstormed and outline the consequences of each.
- Step 5. Choosing a Solution: Finally, participants evaluate suitable solutions and consequences and agree on one solution that is acceptable to all.

Force-Field Analysis Model:

Another process that can be used in conflict resolution is the force-field analysis. In any conflict situation there are opposing forces. Some of these forces help an individual to move toward a desired goal. Other forces may interfere with goal attainment. In a force-field analysis, the individual analyzes the forces that are operating, examines advantages and disadvantages of courses of action, evaluates them, and decides whether or not to pursue the goal. The steps in using the force-field analysis include:

A SAMPLING OF TEACHING METHODS, CONT'D

- Step 1. Divide a piece of paper into four columns.
- Step 2. In the first column, write the conflict or problem which exists.
- Step 3. In the fourth column, write the goal that you wish to reach.
- Step 4. In the second column, list the forces (advantages) which operate to support goal attainment.
- Step 5. In the third column, list the forces (disadvantages) which operate to interfere with goal attainment.
- Step 6. Identify the consequences of each advantage and disadvantage.
- Step 7. Evaluate the advantages and disadvantages in terms of gains and risks.
- Step 8. Choose a plan of action that includes goal attainment, rejection of the goal, or changes in the goal as originally stated.

ROLE-PLAYING

Students assume different roles and improvise dialogue as they act out a problem situation. Role-playing provides an excellent method to help students learn about their own attitudes and behaviors and find new ways of dealing with problems. As a followup to a role-playing activity, discuss what occurred in the role-play and how everyone felt about the interactions. This method may be used in small groups, or with one small group role-playing before the class.

DRAMATIZATION

Students act out stories, dramas, skits or situations written by a teacher, student or author. Dramatization is used to illustrate how other people have dealt with different problems or situations. As a followup to this activity, discuss what happened, student reactions and what they might have done differently from the characters in the drama. This method is best used as a supplement to other forms of instruction and should be selected and evaluated on the basis of its educational potential, not its entertainment value.

PLAYS AND STORIES

A group writing project may include an entire class. Students should be given a pertinent theme; the play or story should teach a concrete lesson in a practical situation. Acting out the plays or stories provides additional experiences geared toward the learning goals. Plays and stories may be enhanced by being open-ended, allowing students to provide alternative answers or endings.

SENTENCE STEMS

Sentence stems are found in a number of places in the curriculum, but may also be created by the teacher or by students. The purpose of a sentence stem is to draw out a reaction, facilitating self-expression and communication. Sentence stems may be used as discussion starters; to increase awareness of individual similarities and differences; or to obtain class reactions to activities, events, etc. A very useful sentence stem for evaluation of a curriculum activity is the "I learned..." statement, which students may complete at the end of the activity.

A SAMPLING OF TEACHING METHODS, CONT'D

RESEARCH

All students need to learn the skill of accessing accurate, reliable information as a basis for making decisions throughout life. While research activities should not become a major focus of the curriculum, it is necessary for students to learn where to go to obtain information on a topic, how to interpret what they read (or hear), and how to communicate to others what they have learned. Research activities should make students aware of a broad range of information sources - community and government agencies, people with specific expertise, newspapers, government reports, journals, books, pamphlets, television and encyclopedias. The information students obtain can be shared through oral or written reports, discussions or student-constructed visuals.

INTERVIEWS

Interviews are a learning technique in which a small number of selected individuals are questioned on a specific topic. Since the purpose of an interview is to obtain, record and report opinions and information accurately, students learn social and communication skills through this process. Where interviews involve family or friends, students frequently gain insights regarding human behavior which they may not have obtained in less-controlled circumstances.

Teacher direction and assistance may be necessary to help students form clear, unbiased and relevant questions for their interviews, and interpret objectively the information obtained.

SURVEYS

A survey involves preplanning, collecting, analyzing, interpreting and evaluating data and reporting the findings to the class. Each step in planning and carrying out a survey has potential educational value. Individuals, committees, or the entire class may conduct surveys. Ideally, a survey should lead to action if the results show that action is needed. This ideal may not always be realizable in the classroom situation, but awareness of community needs is at least sharpened.

The teacher's role is to guide the students so that they will secure the information they are seeking and interpret and evaluate it correctly. If oral or written questionnaires are used, the teacher's help may be needed to ensure clarity and ease of administration and tabulation. When community facilities are visited, proper prearrangements should be made and a follow-up thank-you letter sent. If students plan to evaluate their findings, care should be taken that the criteria used are sound.

(Note: If a sophisticated study is planned, it is suggested that teachers use school and/or community expertise in sampling, analyzing and interpreting information.)

EXPERIMENTS AND DEMONSTRATIONS

Experiments may be performed by students or demonstrated to the class by the teacher or a resource person. Preplanning for experiments includes: making scientifically sound selections that are in line with the purpose of the lesson and with the maturity of the students; obtaining necessary materials and equipment; and anticipating questions about the results. These activities should be coordinated with the science program to prevent duplication.

A SAMPLING OF TEACHING METHODS, CONT'D

SELF-CONSTRUCTED VISUAL AIDS

Aside from providing a useful outlet for creativity and originality, self-constructed visual aids enliven instruction and help clarify, simplify, emphasize, interpret, and reinforce learnings. Symbolic representation of data may be used through charts, tables, diagrams, maps, graphs, posters, cartoons, mobiles, and combinations of these. Charts, tables, graphs, and maps are effective in disseminating information in a compact form while posters and cartoons, by their potential emotional impact, justify their use in the classroom because of their potential influence on attitudes. Student-constructed visuals may also play a major role in reinforcing the program outside classroom walls, obtaining needed community support for the program.

LEARNING CENTERS

Grades 2-6 of the Drug Education Curriculum each contain a set of learning center activities.

A learning center consists of a series of child-centered stations, each of which develops skills and knowledge around a specific topic. Students are active, independent learners as they work through interesting activities prepared for them at their level.

Every learning center has the following elements:

1. Name reflecting the topic of the center.
2. An attractive attention-getting, visual presence.
3. Tasks written on activity cards in a clear, concise manner explaining to the students what they will do and how they will do it.
4. Materials needed for the tasks.
5. An evaluation and record-keeping system to monitor pupil progress.

The learning center can be constructed on a bulletin board, or separate tables can be used as task centers. At least one table is necessary to hold resource materials, task-related materials, and completed projects.

Students can work through learning centers independently or in groups. Students may complete all tasks, or just certain tasks, depending on the directions given by the teacher. They may work at a center during an assigned time or whenever they have free time. The methodology is flexible and can be readily adapted to suit the needs of students and teacher.

TOPICAL OUTLINE OF THE DRUG EDUCATION CURRICULUM, K-12

In the outlines presented on the following pages, Roman numerals represent topics addressed by curriculum concepts and letters represent the topics addressed by objectives under these concepts. The purpose here is to give an overview of the major topics and their sequence in the curriculum, rather than an outline of concepts and objectives, making quick reference and comparisons relatively easy.

KINDERGARTEN

- I. Self-Image, Feelings and Tolerance
 - A. Identifying and expressing feelings
 - B. Ways we are each unique
 - C. Ways we are the same
 - D. Accepting feelings of others
- II. Group Membership
 - A. Family membership
 - B. Responsibilities toward family members
 - C. Group participation
 - D. Need for rules
- III. Responsibility for Health
 - A. Safe vs. unsafe things to eat
 - B. Health helpers
 - C. Health decisions

GRADE ONE

- I. Self-Image and Communication Skills
 - A. Expressing uniqueness
 - B. Identifying situations that make us feel important
 - C. Recalling and sharing success experiences
 - D. Sharing and accepting feelings
 - E. Sharing and accepting decisions
- II. Responsibility for Feelings and Actions
 - A. Changing feelings
 - B. Identifying uncomfortable feelings
 - C. Handling unpleasant situations
- III. Making Healthy Decisions
 - A. Safe use of substances
 - B. Recognizing poisons
 - C. Rules regarding dangerous substances
 - D. Making healthy choices

GRADE TWO

- I. Making Choices to Meet Needs
 - A. Needs vs wants
 - B. Forming habits
- II. Self-Image, Social Interactions and Responsibility
 - A. Responsibility for feelings and actions
 - B. Family membership and support
 - C. Class membership and support
 - D. Solving classroom problems
 - E. Importance of classroom rules
 - F. Setting rules and determining consequences for breaking rules
- III. Body Balance and Health
 - A. Definition of balance
 - B. Feeling body balance
 - C. Body parts and functions
 - D. Maintaining a healthy body
- IV. Wise Use of Substances
 - A. Identifying well vs sick feelings
 - B. Definition of medicine
 - C. When to take medicine
 - D. Persons from whom we should take medicine
 - E. Rules for taking medicine

TOPICAL OUTLINE OF THE DRUG EDUCATION CURRICULUM, K-12, CONT'D

GRADE THREE

- I. Self-Image and Responsibility for Risk-Taking
 - A. Improving our own self-images
 - B. Feelings about success
 - C. Risk-taking, alternatives and consequences
 - D. Changing decisions
- II. Group Dynamics
 - A. Recognizing group influences
 - B. Speaking and listening in groups
 - C. Supporting group members
 - D. Ways of solving group problems
 - E. Making a group decision
- III. Body Balance and Health
 - A. Body systems and functions
 - B. Relating body balance to internal and external body environments
 - C. Feelings which affect balance
- IV. Assuming Personal Responsibility for Health
 - A. Habits affecting present and future health
 - B. Importance of assuming personal responsibility for health
 - C. Setting personal goals for protecting health

GRADE FOUR

- I. Appropriate Uses for Drugs
 - A. Definition of "drug"
 - B. Differences among prescription, over-the-counter and illegal drugs
 - C. Medical uses for drugs
 - D. Prescriptions
 - E. Labels
 - F. The pharmacy (Learning Center)
 - G. Comparing contemporary medications with past medications
- II. How Emotions Affect Health
 - A. Awareness of emotions
 - B. Feelings that bring discomfort
 - C. Sickness as a means of dealing with problems
 - D. Ways to change emotions
- III. Communication Skills and Problem-Solving
 - A. Practicing communication skills
 - B. Responsibility for feelings
 - C. Practicing problem-solving
 - D. Risk-taking, consequences and alternatives
 - E. Solving dilemmas
- IV. Setting Personal Health Goals
 - A. Importance of learning facts before making decisions
 - B. Identifying habits hazardous to health
 - C. Importance of valuing health
 - D. Setting personal goals and recording progress

TOPICAL OUTLINE OF THE DRUG EDUCATION CURRICULUM, K-12, CONT'D

GRADE FIVE

- I. Drug Use and Body Balance
 - A. How various categories of drugs affect body balance
 - B. Differentiating use, misuse and abuse of drugs
 - C. The cycle of dependency and tolerance
 - D. Reasons for substance misuse and abuse
- II. Drugs and Society
 - A. General advertising techniques
 - B. How advertising influences drug-buying
 - C. Techniques used to sell drug products
 - D. Prevalence of drug use
- III. Problem-Solving and Decision-Making
 - A. Comparing and choosing techniques
 - B. Implementing decisions assertively
- IV. Group Dynamics
 - A. Friendships
 - B. Peer groups
 - C. Dependency needs
 - D. Listening skills in group situations

GRADE SIX

- I. Drugs and Human Needs
 - A. Valid sources of information
 - B. Psychoactive drug classifications
 - C. Marijuana (Learning Center)
 - D. Relationship of needs to substance abuse
- II. Personal Decisions Regarding Drug Use
 - A. Relating maturity to ways of handling feelings
 - B. Effects of feelings and attitudes on decisions
 - C. Evaluating decisions regarding psychoactive drug use
 - D. Double standards
 - E. Setting personal goals for maintaining health
- III. Drugs and Society
 - A. Substance use and alternatives in managing daily problems
 - B. Substance misuse and abuse as concerns of society
 - C. Controls on the purchase, possession and use of substances
- IV. Alternatives to Drugs
 - A. Mood changes as a part of everyone's life
 - B. Identifying things to help us feel good
 - C. Risk-taking, consequences and alternatives
 - D. School and community resources

TOPICAL OUTLINE OF THE DRUG EDUCATION CURRICULUM, K-12, CONT'D

JUNIOR HIGH

- I. Maintaining the Homeostasis of the Body
 - A. Environmental factors
 - B. Psychoactive drugs
 - C. Prescription and over-the-counter drugs
 - D. Drug use and pregnancy
- II. Drugs and Society
 - A. Advertising and drugs
 - B. Legal aspects of substance use, misuse and abuse
- III. Motivations for Drug Use
 - A. Individual reasons for using or abusing drugs
 - B. Progression from experimentation to abuse
 - C. Effects on performance
 - D. Reasons for continued drug use by individuals
 - E. Constructive alternatives
 - F. Breaking Habits
- IV. Communication Skills
 - A. Importance of clear communication
 - B. Practice communicating feelings and needs
 - C. Practice listening and receiving messages
 - D. Dynamics of peer pressure and drug use

SENIOR HIGH

- I. Effects of Drugs on the Homeostasis of the Body
 - A. Major classes of drugs (review)
 - B. Effects of drugs on the neuron and the brain
 - C. Tension and body balance
 - D. Substance use and body balance
 - E. Drug interactions
 - F. Drug dependence, tolerance and withdrawal
 - G. Drugs and driving
 - H. Drugs and pregnancy
- II. Drugs and Society
 - A. History of drug use
 - B. Relationships among industry, controls and society
 - C. Social policies regarding drug use
 - D. Effects of drug abuse on society
 - E. Viewpoints
- III. Communication Skills:
 - A. Stating feelings and needs constructively
 - B. Communication dynamics in groups
 - C. Communication dynamics in relationships
 - D. Effects of substance abuse on relationships
- IV. Motivations and Alternatives
 - A. Changing moods and feelings
 - B. Identifying alternative activities
 - C. Dealing with distress and pressure
 - D. Practice decision-making
 - E. How substance use decisions influence life style and life span
 - F. Developing a model of a life-long plan for health
 - G. Identifying sources of help and support in the community

ADOLESCENCE

Adolescence is considered to be the transitional period between childhood and young adulthood. Sexual maturity, which occurs during puberty, is accompanied by marked changes in behaviors and social interests. The peer group gains new significance in daily life. Interests, related to personal appearance, social activities, education and future vocation, develop. As the adolescent moves toward maturity and independence, a need for privacy grows. Dating occurs and relationships develop. Family interaction may become difficult as adolescents disagree with authority figures over varying standards of behavior.

The adolescent needs people who understand, legitimize and respect the feelings and ideas being experienced. Filled with energy and exuberance, and searching for an identity, the adolescent seeks out individuals who are flexible, open and trustworthy, and who help to bring form and direction to life. Numerous self-images and behaviors will be accepted, tested and rejected by the adolescent. In the process of finding affection, acceptance and achievement, adults can impart to adolescents the sense that life is meaningful, and that each individual has worth.

DEVELOPMENTAL TRAITS OF 12-14 YEAR OLDS (JUNIOR HIGH)

DRIVES AND INTEREST IN THE OPPOSITE SEX MAY CAUSE TENSION AND ANXIETY

- Personality adjustment problems increase.
- Growth patterns contribute to worry and anxiety.
- An air of sophistication is often assumed to cloak feelings of bewilderment, confusion, and insecurity.

EXPERIMENTATION WITH DIVERSE PERSONALITY ROLES IN AN ATTEMPT TO IMPROVE STATUS

- Status with peers becomes more important than adult approval.
- Great satisfaction is gained from individual accomplishments which are recognized by the group (likely to try to accomplish those things that give some claim to distinction or uniqueness).
- Codes of behavior may be set up to challenge or imitate adult standards.
- Social behavior is imitated, especially as portrayed by television, motion pictures, and magazines.
- A strong search for identification and development of a good self-image come to the fore.

INCREASING CONCERN IS SHOWN OVER RESOLVING ONE'S "LIFE" PROBLEMS

- Sporadic and sometimes intense interest shows in certain aspects of health. (Some early-teens place special value on physical strength and skills, others on personal attractiveness.)
- Vacillation occurs between over-confidence in one's ability to take care of one's supposed or anticipated health needs and actual ability to cope with one's specific health needs.
- Extreme curiosity develops about the details of physical illness.

DEVELOPMENTAL TRAITS OF 15-18 YEAR OLDS (SENIOR HIGH)

DRIVES AND INTEREST IN THE OPPOSITE SEX CAUSE TENSION AND ANXIETY

- Adolescents have sustained and/or are experiencing marked physical growth that may create coordination problems, resulting in awkwardness.
- Changes in physical appearance and acne or other health problems often augment anxiety over appeal to the opposite sex.
- Adolescents in this age group show heightened concern about sex roles and relationships with the opposite sex.

EXPERIMENTATION WITH DIVERSE PERSONALITY ROLES IN AN ATTEMPT TO IMPROVE STATUS

- Adolescents exist in a nether world between childhood and adulthood. Their desire for independence leads them to periodically venture into adult patterns of behavior, then, when things go wrong, retreat into a child's role.
- The company of friends is preferred to that of family, although relationships with family may be better than in early adolescence. Peer group acceptance is sought through conformity.
- Adolescents often experience exaggerated concern over whether they are "normal." They need to share feelings and reactions with others for reassurance.
- Better control is exercised over emotions, and the views and feelings of others are more often considered.
- A conscious seeking of identity results in a clearer definition of self and increased consistency in behavior.

INCREASING CONCERN IS SHOWN OVER RESOLVING ONE'S "LIFE" PROBLEMS

- Adolescents tend to make unrealistic assessments of their own competence. The pressure for upward mobility frequently leads economically secure majority-group adolescents to overestimate their potential in terms of vocational aspirations. Minority group and low-economic group adolescents, on the other hand, often underestimate their potentials.
- Decisions are more frequently made, and actions taken, on the basis of personal and peer group values and less frequently motivated by rebellion against authority.
- Other adolescents, while they still live in the present, are becoming more future-oriented, developing concerns and/or plans relating to work or occupations.

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MATERIALS LIST

TEACHER REFERENCES: The following references provide further background and/or additional activities. It is expected that this suggested list will be modified by teachers as they work with the curriculum. Prices (1980) are subject to change.

DRUG EDUCATION:

Fornaciari, Suzanne. How to Talk to Kids About Drugs. Bethesda, MD: Pacific Institute for Research and Evaluation, 1980. \$2.50. (Recommended.)

Girdano, Daniel A. and Dorothy Dusek. Drug Education Content and Methods (Third Edition). Reading, MA: Addison-Wesley Publishing Company, 1980. \$9.95.

Hill, Reba M. and Leo Stern. "Drugs in Pregnancy: Effects on the Fetus and Newborn." Reprint from Drugs, Vol. 17, No. 3. White Plains, NY: March of Dimes Birth Defects Foundation, March, 1979. Free.

Ray, Oakley. Drugs, Society and Human Behavior (Second Edition). St. Louis, MO: C.V. Mosby, 1978. \$14.50. (Recommended.)

AFFECTIVE EDUCATION:

Gordon, Thomas. Teacher Effectiveness Training. New York: David McKay Publishing Co., 1975. \$9.95.

Hawley, Robert C. and Isabel L. Hawley. Developing Human Potential (Activities for Personal and Social Growth, Vols. I & II). Amherst, MA: Educational Research Associates, 1977. \$5.95 each volume.

Simon, Sidney, Leland W. Howe and Howard Kirschenbaum. Values Clarification: A Handbook of Practical Strategies for Teachers and Students (New Revised Edition). New York: A&W Publishers, Inc., 1978. \$6.95.

Stanford, Gene. Developing Effective Classroom Groups: A Practical Guide for Teachers. New York: A & W Publishers, Inc., 1977. \$6.95.

Raths, Louise E., Merrill Harmin and Sidney B. Simon. Values and Teaching (Second Edition). Columbus, OH: Charles E. Merrill Publishing Company, 1978. \$8.95.

SOURCES OF PAMPHLETS: It is suggested that the teacher (or school librarian) contact the following sources for current information on available materials about three months in advance. Some sources offer free materials, others require payment to cover printing, handling and mailing costs.

Addiction Research Foundation, 33 Russell Street, Toronto, Ont., Canada M5S 2S1. ("Coffee, Tea & Me;" "Fact Sheet Series").

Bureau of Public Affairs, U.S. Department of State, Washington, DC 20520. ("It Was Such A Little Amount").

Channing L. Bete Co., Inc., 45 Federal Street, Greenfield, MA 01301. (Low Reading Level Scriptographic Pamphlets: "About Stress;" "About Depression;" "About Drug Abuse;" others.)

SOURCES OF PAMPHLETS, CONT'D:

Do It Now Foundation, P.O. Box 5115, Phoenix, AZ 85010. ("Alcohol/Drug Interactions;" "All About Cocaine;" "Facts About Angel Dust;" "Substance Use and Safety;" "Tranquilizers;" "Quaaludes & Sopors").

Drug Enforcement Administration, U.S. Dept. of Justice, Washington, DC 20537. ("DEA Fact Sheet;" "Drugs of Abuse").

Food and Drug Administration. Contact your district office. ("Drugs and Driving;" "Drugs and Pregnancy;" "Food and Drug Interactions;" "Drug Effects Can Go Up In Smoke;" "Inhalants: Quick Route to Danger.")

March of Dimes Birth Defects Foundation. Contact your local chapter. ("D*A*T*A*").

National Clearinghouse for Drug Abuse Information, 5600 Fishers Lane, Rockville, MD 20857. ("Drugs and Driving;" "Inhalants;" "PCP;" "Cocaine;" "What Do They Call It Again?").

National Dairy Council, 6300 N. River Road, Rosemont, IL 60018. ("Diet-Drug Interactions," Reprint from Dairy Council Digest, Vol. 48, No. 2).

Pharmaceutical Manufacturers Association, 1155 Fifteenth Street, N.W., Washington, DC 20005. ("Questions and Answers About the U.S. Prescription Drug Industry;" "A Search for Answers.")

SUPPLEMENTARY REFERENCES:

Many of the following books are written to general audiences, but are also suitable for use by high school students. Some will be required to complete specific activities in the curriculum; others will enrich the program when made available to students to read on their own. It is suggested that the teacher share the list with the school librarian, indicating those desired for review for possible use in the classroom and those which could be added to the regular library collections.

Abel, Ernest L. Marijuana. The First Twelve Thousand Years. New York: Plenum Press, 1980.

Benowicz, Robert J. Non-Prescription Drugs and Their Side Effects. New York: Grosset & Dunlap, 1977.

Boeckman, Charles. Surviving Your Parents' Divorce. New York: Franklin Watts, 1980.

Booher, Dianna Daniels. Coping When Your Family Falls Apart. New York: Julian Messner, 1979.

Bower, Sharon Anthony and Gordon H. Bower. Asserting Yourself: A Practical Guide for Positive Change. Reading, MA: Addison-Wesley Publishing Company, 1976.

Buckalew, M.W., Jr. Learning to Control Stress. New York: Richards Rosen Press, Inc., 1979.

Clarke, Kenneth S., Editor. Drugs and the Coach. Washington DC: AAHPERD Publications, 1977.

Cox, Tom, Stress. Baltimore, MD: University Park Press, 1978.

Donlan, Joan. I Never Saw the Sun Rise: The Diary of A Chemically Dependent Teenager. Minneapolis, MN: CompCare Publications, 1977.

Dusek, Dorothy and Daniel A. Girdano. Drugs: A Factual Account. Reading, MA: Addison-Wesley Publishing Company, 1980.

- Editors of Consumer Reports. The Medicine Show (Fifth Edition). New York: Pantheon Books, 1980.
- Evans, Wayne O. and Jonathan O. Cole, M.D. Your Medicine Chest. Boston, MA: Little, Brown and Company, 1978.
- Furst, Peter. Hallucinogens and Culture. San Francisco, CA: Chandler & Sharp, 1976.
- Gardner, Sheldon and Gwendolyn Stevens. The Care and Cultivation of Parents. New York: Julian Messner, 1979.
- Girdano, Daniel and George Everly. Controlling Stress and Tension. Englewood Cliffs, NJ: Prentice-Hall, Inc., 1979.
- Gnagey, Thomas D. How to Put Up With Parents: A Guide for Teenagers. Ottawa, IL: Facilitation House, 1975.
- Hafen, Brent Q. and Brenda Peterson. Medicines and Drugs: Problems and Risks, Use and Abuse. Philadelphia, PA: Lea and Febiger, 1978.
- Harmin, Merrill. Better Than Aspirin: How To Get Rid of Emotions That Give You a Pain in the Neck. Niles, IL: Argus Communications, 1976.
- Harris, Sidney. Negative Criticism and What You Can Do About It. Niles, IL: Argus Communications, 1978.
- Harrison, Phyllis Anne, M.D. Getting It Together: A Psychology Book for Today's Problems. New York: Globe Book Co., Inc., 1973.
- Janeczek, Curtis L. Marijuana: Time for A Closer Look. Columbus, OH: Healthstar Publications, 1980.
- Laiken, Deidre S. and Alan J. Schneider. Listen to Me, I'm Angry. New York: Lothrop, Lee & Shepard, 1980.
- Little, Bill L. This Will Drive You Sane. Minneapolis, MN: CompCare Publications, 1977.
- Loeb, Robert H., Jr. Your Legal Rights As A Minor (Revised Edition). New York: Franklin Watts, 1978.
- Long, James W., M.D. The Essential Guide to Prescription Drugs. New York: Harper & Row, Publishers, 1980.
- Marijuana and Health. Eighth Annual Report to the U.S. Congress. Rockville, MD: National Institute on Drug Abuse, 1980.
- Meyer, Carolyn. The Center: From A Troubled Past to A New Life. New York: Atheneum, 1979. (novel).
- National Institute on Drug Abuse. A Woman's Choice (Deciding About Drugs). Rockville, MD: National Clearinghouse for Drug Abuse Information, 1979.
- National Institute of Mental Health. "Your Community Mental Health Center & You." Washington, DC: Superintendent of Documents (SN 017-024-00932-6), 1979.
- Olshan, Neal and Julie Wang. Fears and Phobias, Fighting Back. New York: Franklin Watts, 1980.
- Packer, Kenneth L. and Jeannine Bower. Let's Talk About Drugs, Alcohol and Tobacco. Fairfield, NJ: Cebco Standard Publishing, 1980. (low reading level textbook supplement).
- Physicians' Desk Reference. Address orders to: Physician's Desk Reference, Box 58, Oradell, NJ 07649. Revised annually.
- Powell, John S. J. Why Am I Afraid to Tell You Who I Am? Niles, IL: Argus Communications, 1969.

Richards, Arlene & Irene Willis. How To Get It Together When Your Parents are Coming Apart. New York: Bantam Books, Inc., 1976.

Robe, Luce Barry. Just So It's Healthy. Minneapolis, MN: CompCare Publications, 1977.

Satir, Virginia. Your Many Faces. Millbrae, CA: Celestial Arts, 1978.

Schultes, Richard Evans. Hallucinogenic Plants. New York: Western Publishing Co., Inc. (Golden Press), 1976.

Selye, Hans. Stress Without Distress. New York: J.B. Lippincott Company, 1974.

Shedd, Charles. You Are Somebody Special. New York: McGraw-Hill Book Company, 1978.

Strasser, Todd. Angel Dust Blues. New York: Coward, McCann & Geoghegan, Inc., 1979. (novel).

Ulene, Arthur. Feeling Fine. New York: Ballantine Books, 1977.

U.S. Department of Transportation. Marijuana, Other Drugs and Their Relation to Highway Safety (A Report to the Congress). Washington, DC: National Highway Traffic Safety Administration, December 1979.

Wegscheider, Don. If Only My Family Understood Me. Minneapolis, MN: CompCare Publications, 1979.

Youthbook. Citizens Committee for New York City, 3 W. 29th Street, New York City 10001. (A description of 315 programs and resources for community use.)

SUPPLEMENTARY INSTRUCTIONAL AIDS:

WORKBOOKS AND SPIRIT MASTERS FOR DEVELOPING COPING SKILLS:

Churchill, E. Richard and Linda R. Churchill. Managing Yourself. Portland, ME: J. Weston Walch, 1977. \$16.95. (48 spirit master activities).

Dewey, Margaret. My Problem Is... Portland, ME: J. Weston Walch, 1980. \$3.95.

McVey & Associates, Inc. Follett Coping Skills Series. "Finding Work;" "Budgeting;" "Using Community Resources;" "Getting Medical Assistance." Chicago, IL: Follett Publishing Co., 1977. \$7.20/4 titles: Teacher's Guide. \$1.20. Low reading level: 3.5.

Storin, Diane and Elaine Walling. PAL Life Competency Program. ("Getting Help;" "Keeping Fit;" "It's the Law;" and other titles). Columbus, OH: Xerox Education Publications, 1980. \$1.35 each.

FILMS:

"Born Hooked." March of Dimes Birth Defects Foundation. Free loan. Contact your local chapter. (See Appendix F). Orders should be placed at least two months in advance to insure timely delivery.

"PCP - You Never Know," 16mm, color, 15 min. Churchill Films, 662 North Robertson Blvd., Los Angeles, CA 90069. 1979.

"Psychoactive," 16mm, color, 29 min. Pyramid Films, Box 1048, Santa Monica, CA 90406, 1976.

"Up Pill, Down Pill," 16mm color, 23½ min. BFA Educational Media, 2211 Michigan Avenue, Santa Monica, CA 90404, 1970.

FILMSTRIPS:

"The Addictive Personality: Who Uses Drugs and Why?" Filmstrips (2), cassettes or records, teacher's guide. Human Relations Media, 175 Tompkins Avenue, Pleasantville, NY 10570, 1979.

"Adolescent Conflict: Parents vs Teens." Filmstrips (2), cassettes or records, teacher's guide. Sunburst Communications, Room G, 39 Washington Avenue, Pleasantville, NY 10570, n.d..

"Angel Dust: The Nightmare Trip." Filmstrips (2), cassettes or records, teacher's guide. Audio Visual Narrative Arts, Inc., Box 9, Pleasantville, NY 10570, 1978.

"Becoming Responsible." Filmstrips (2), cassettes or records, teacher's guide. Human Relations Media, 175 Tompkins Avenue, Pleasantville, NY 10570, 1978.

"Cocaine: The High-Class High." Filmstrips (3), cassettes or records, teacher's guide. Audio Visual Narrative Arts, Inc., Box 9, Pleasantville, NY 10570, 1978.

"Dealing With Stress." Filmstrips (2), cassettes or records, teacher's guide. Sunburst Communications, Room G, 39 Washington Avenue, Pleasantville, NY 10570, 1976.

"The Gentle Art of Saying No." Filmstrips (3), cassettes or records, teacher's guide. Sunburst Communications, Room G, 39 Washington Avenue, Pleasantville, NY 10570, 1979.

"High On Life." Filmstrips (2), cassettes, records, teacher's guide. Guidance Associates, Inc., Communications Park, Box 3000, Mount Kisco, NY 10549, n.d.

"Life Goals: Setting Personal Priorities." Filmstrips (3), cassettes, teacher's guide. Human Relations Media, 175 Tompkins Avenue, Pleasantville, NY 10570, 1976.

"Life Skills: Alcohol and Other Drugs." Filmstrips (4), cassettes, teacher's manual, worksheets, tests, exercises. Society for Visual Education, Inc., 1345 Diversey Parkway, Chicago, IL 60614, 1980.

"Marijuana Bulletin: A Research Update." Filmstrip, cassette or record, teacher's guide. Sunburst Communications, Room G, 39 Washington Avenue, Pleasantville, NY 10570, 1980.

"Now Hear This: Becoming A Better Listener." Filmstrips (4), cassettes or records, teacher's guide. The Skills Group of The Center for Humanities, Inc. Two Holland Avenue, White Plains, NY 10603, n.d.

"Who Can Help You: Using School and Community Resources." Filmstrips (2), cassettes or records, Discussion Guide. Guidance Associates, Inc., Communications Park, Box 3000, Mount Kisco, NY 10549, 1974.

SOUND-SLIDE PROGRAM:

"Keeping Cool: How to Deal With Stress." 160 slides in 2 carousel cartridges; cassettes or records, teacher's guide. The Center for Humanities, Inc., Communications Park, Box 1000, Mount Kisco, NY 10549, 1975.

VIDEOTAPE SERIES:

On the Level. Suggested titles: "Journey Through Stress;" "Face to Face;" "Surrounded;" Teacher's Guide. Bureau of Mass Communications, New York State Education Department. Available free on tape supplied by the school district. Send for ordering instructions. 1980.

SENIOR HIGH

CONCEPT: Drugs affect the homeostasis of the body.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
OBJECTIVE A The students will review and discuss the major classes of drugs. TEACHER INFORMATION It is recommended that the teacher meet with the visitor in advance to discuss what is expected and what questions students are likely to ask. A resource person is suggested here to add a personal element to the program. However, a film or research activity could also be used. Major Drug Classifications: Narcotics (Opiates) Depressants Antidepressants Stimulants Hallucinogens Cannabis Inhalants	ACTIVITY 1. <u>Drug Mythology</u> a. <u>Writing</u> Present the major drug classifications to the students. List several drugs under each classification. Have the students write a brief paragraph on each of the various drugs, listing what they believe to be the physical and psychological effects of the drug. Collect and keep these paragraphs. b. <u>Discussion and Interview</u> Invite a pharmacist or physician to lead a class discussion on the differences among the major classes of drugs. Allow the students to interview the resource person about various drug effects. c. <u>Evaluation</u> Return to the students the paragraphs which were written as part of the first step in this activity. Have the students evaluate the paragraphs in terms of the new information they received from the pharmacist or physician. Invite the students to share "I learned.." statements. ACTIVITY 2. <u>Drug Classifications (Research & Report)</u> a. Divide the class into groups to represent each of the major drug classifications. Assign to each group two or three specific drugs which fall under the classification. Ask each group to prepare an identification of the drugs assigned, including: - color identification of drug - action of the drug (Cont'd on next page.)	References: <u>Drugs: A Factual Account</u> by Dorothy Dusek and Daniel A. Girdano <u>Drugs, Society and Human Behavior</u> by Oakley Ray <u>Medicines and Drugs</u> by Brent Q. Hafen and Brenda Peterson Resource Person: Pharmacist or physician Examples of Student References: "Coffee, Tea & Me," "Fact Sheet Series" (Addiction Research Foundation) "Drugs of Abuse," July 1979 issue of <u>Drug Enforcement</u> (Drug Enforcement Administration) <u>Marijuana: Time for A Closer Look</u> by Curtis L. Janeczek	English Biology Chemistry Biology Chemistry

CONCEPT: Drugs affect the homeostasis of the body.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
	ACTIVITY 2. (cont'd) - use and dosage - possibility of dependency and tolerance - likelihood of abuse - street name for drug Have the students report their findings to the class by preparing a one page information sheet for each specific drug assigned to them. Reproduce the worksheets for the class. In this way, each student will have an information folder containing drug classifications with profiles on specifically assigned drugs.	Student References (cont'd): "Some Substances Used for Non-prescribed Drugging Effects" (Pharmaceutical Manufacturers Association) Medicines and Drugs by Brent Q. Hafen and Brenda Peterson References for Low Reading Level Students: Let's Talk About Drugs, Alcohol and Tobacco by Kenneth L. Packer and Jeannine Bower "Scriptographic Fact Folders" (Channing L. Bete) Examples of Films and Filmstrips: "Angel Dust: The Nightmare Trip" (AVNA) "Cocaine: The High Class High" (AVNA) "Life Skills: Alcohol and Other Drugs" (Society for Visual Education) "Marijuana Bulletin: A Research Update" (Sunburst Communications) "PCP - You Never Know" (Churchill Films) "Psychoactive" (Pyramid Films)	
<u>TEACHER INFORMATION</u> Marijuana, for example, varies considerably in the percentage of THC it contains. The wild marijuana used most often in the 60's contained only about .2% THC. Today's cultivated varieties may contain up to 7% THC. Marijuana may be adulterated with PCP, LSD, hashish oil or other potent chemicals. It may also have been sprayed with paraquat, a poisonous weed killer. Less obviously identified drugs may be substituted with another substance. Caffeine, for example, may be substituted for amphetamines.	b. Discuss with students that knowing how to identify a drug by its appearance is not enough where illegal or "street" drugs are concerned. Since there is no quality control, these drugs may be "cut" with other drugs or materials, may contain impurities or other poisonous chemicals, and may not even contain the substance sought. SUPPLEMENTARY ACTIVITY: ACTIVITY 3. <u>Film or Filmstrip</u> Show a film or filmstrip to present more detailed information about a drug of local concern. Have students prepare short reports summarizing the major points and what they learned that they found interesting.		

GRADES 10, 11, 12 CONCEPT 1

CONCEPT: Drugs affect the homeostasis of the body.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
OBJECTIVE B The students will discuss the structure and function of the neuron and the brain, and how neuron transmission and brain function are affected by drug use. TEACHER INFORMATION The specialized cells of the nervous system are called <u>neurons</u>. Neurons are electrochemical units which depend on a constant flow of chemical-carrying electrical charges to function. <u>Neurohormonal transmitters</u> are chemicals emitted by neurons which cause the electrical charges to be transmitted across the synapse (space) between nerve cells. Examples of neurohormonal transmitters include acetylcholine, norepinephrine and serotonin. Chemical similarities between drugs and neurohormonal transmitters enable drugs to interfere with normal electrochemical reactions, affecting the body. For example, nicotine is chemically similar to acetylcholine, which produces excitability. However, nicotine not only elicits excitability, but also blocks out meaningful impulses that would normally be directed by acetylcholine.	ACTIVITY 1. <u>Drugs and The Neuron</u> Using visual material, present the structure and function of neurons and explain how they transmit nerve impulses. Describe to the students the functions of dendrites, cell body, axon, synapse space and neurohormonal transmitters. Explain to the students that synaptic events are sensitive to drugs since chemicals can interfere with the chemistry of the neuron, in the following ways: - by inhibiting the production of a neurohormone; - by causing the neurohormone to be broken down more rapidly than normal; - by altering the postsynaptic membrane so that neurohormones would not affect it; - by mimicking the action of a neurohormone; - by causing excessive production and release of a neurohormonal transmitter. Ask students to consider what would happen in each instance.	Teacher References: <u>Drug Education: Content and Methods</u> by Daniel A. Girdano and Dorothy Dusek, Chapter 2. <u>Drugs, Society and Human Behavior</u> by Oakley Ray	Biology Chemistry

GRADES 10, 11, 12 CONCEPT 1

CONCEPT: Drugs affect the homeostasis of the body.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
<u>TEACHER INFORMATION</u> The student reference suggested here is somewhat sophisticated for high school students. It is included as the source for this particular activity. Current biology or health textbooks may also be used, however.	ACTIVITY 2. <u>Drugs and the Brain</u> (Research & Report) a. Divide the class into groups, and to each group assign one of the following areas of the brain: - brainstem - cerebellum - thalamus - cerebrum - hypothalamus - limbic system Have each group research the structure and the function of the specific brain area assigned. When the research is completed, restructure the groups so that every group now has a member who represents each part of the brain. Have each group member explain the structure and function of his/her part, and its relationship to the other parts of the brain. b. Assign each "brain" group one of the following drug categories: - barbiturates - alcohol - tranquilizers - marijuana - amphetamines - caffeine Have each group work together, as a "brain," to solve the problem: How would each part of the brain react to this drug? When necessary research is completed and ideas have been compiled, have each group select one student to give an oral report to the class on what the group has learned.	<u>Teacher Reference:</u> <u>Drug Education: Content and Methods</u> by Daniel A. Girdano and Dorothy Dusek <u>Student Reference:</u> <u>Drugs: A Factual Account</u> by Dorothy Dusek and Daniel A. Girdano	Biology

GRADES 10, 11, 12 CONCEPT 1

CONCEPT: Drugs affect the homeostasis of the body.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
TEACHER INFORMATION Prepare the resource person by providing information on what the students have been learning, and what questions they would like answered. This activity may be used as an alternative to Activities 1 and 2 where the level of difficulty of these activities is considered too high for the class.	ACTIVITY 3. <u>Guest Speaker</u> Invite a resource person to discuss the effects of drugs on the nervous system. Have students prepare questions for the speaker in advance.	Examples of Resource Persons: Biology Pharmacologist Biology teacher Research scientist	
ENRICHMENT ACTIVITY FOR THE GIFTED:			
TEACHER INFORMATION Since neurohormonal transmitters have only recently been discovered, knowledge of their function is still limited. Descriptions of neurotransmitters and how they work is not, therefore, included in many educational texts or popular references. The teacher and the students should find it rewarding to locate recent reports of new discoveries and theories in periodicals such as <u>Psychology Today</u> and <u>Science News</u>; <u>The Reader's Guide to Periodical Literature</u> will be helpful in locating this information. <u>Endorphins and enkephalins</u> are polypeptides (groups of amino acids) which may function as neurotransmitters in the brain.	ACTIVITY 4. <u>Neurohormonal Transmitters</u> Have the students research the effects of the following drugs on neurohormonal transmitters, and explain how these effects are experienced by the body. - amphetamines on dopamine and norepinephrine - nicotine on acetylcholine - barbiturates on serotonin - opiates on endorphins and enkephalins	Student References: <u>Drugs: A Factual Account</u> by Dorothy Dusek and Daniel A. Girdano Research reports published in science journals; articles in news magazines.	Biology Chemistry

GRADES 10, 11, 12 CONCEPT I

CONCEPT: Drugs affect the homeostasis of the body.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
OBJECTIVE C The students will explain how various events can affect the balance of the body. TEACHER INFORMATION Body functions change to accommodate physiological and psychological pressure, activity and stress, producing tension. Pressure, activity and stress can be increased or decreased by events in people's daily lives and the ways people choose to react to these events and conduct their lives. A <u>tension level</u> reflects the degree of pressure, activity or stress within the body. During the day tension levels generally rise and fall within a normal range. Tension levels are affected by physical activity. For example, running and playing hard require a high degree of body tension. As the activity is continued, body tension increases. When the activity is discontinued and the body rests, tension is reduced. Ways of feeling, thinking and responding can also change tension levels. (Cont'd on next page.)	ACTIVITY 1. <u>Highs and Lows in Me</u> - Distribute the example of the <u>Balance Graph</u> to the students, and explain that a balance graph can be used to illustrate the tension levels that are experienced due to certain activities and conditions. Allow time for the students to interpret the graph and ask questions. - Distribute the worksheet, <u>Plot a Balance Graph</u>. Have the students plot a balance graph which represents a period of time in a day. Ask the students to share the graphs. - Have a class discussion regarding what can be learned from balance graphs. Questions to Consider: - What can a balance graph tell you about yourself? - Could you tell from a balance graph if someone has difficulty coping? What might this person's graph look like? - Could a balance graph suggest that someone is sick? What might this person's graph look like? - What would a balance graph that was perfectly straight over a period of time tell you about the person? - Can you control your balance graph? How?	Materials: Example: <u>Balance Graph, A Segment of a Day</u>, p. 13 Materials: Worksheet: <u>Plot a Balance Graph</u>, p. 15	

GRADES 10, 11, 12 CONCEPT I

CONCEPT: Drugs affect the homeostasis of the body.

OBJ. & TEACHER INFO.

LEARNING ACTIVITIES

RESOURCES

SUBJECTS FOR
COORDINATION

TEACHER INFO. (cont'd)

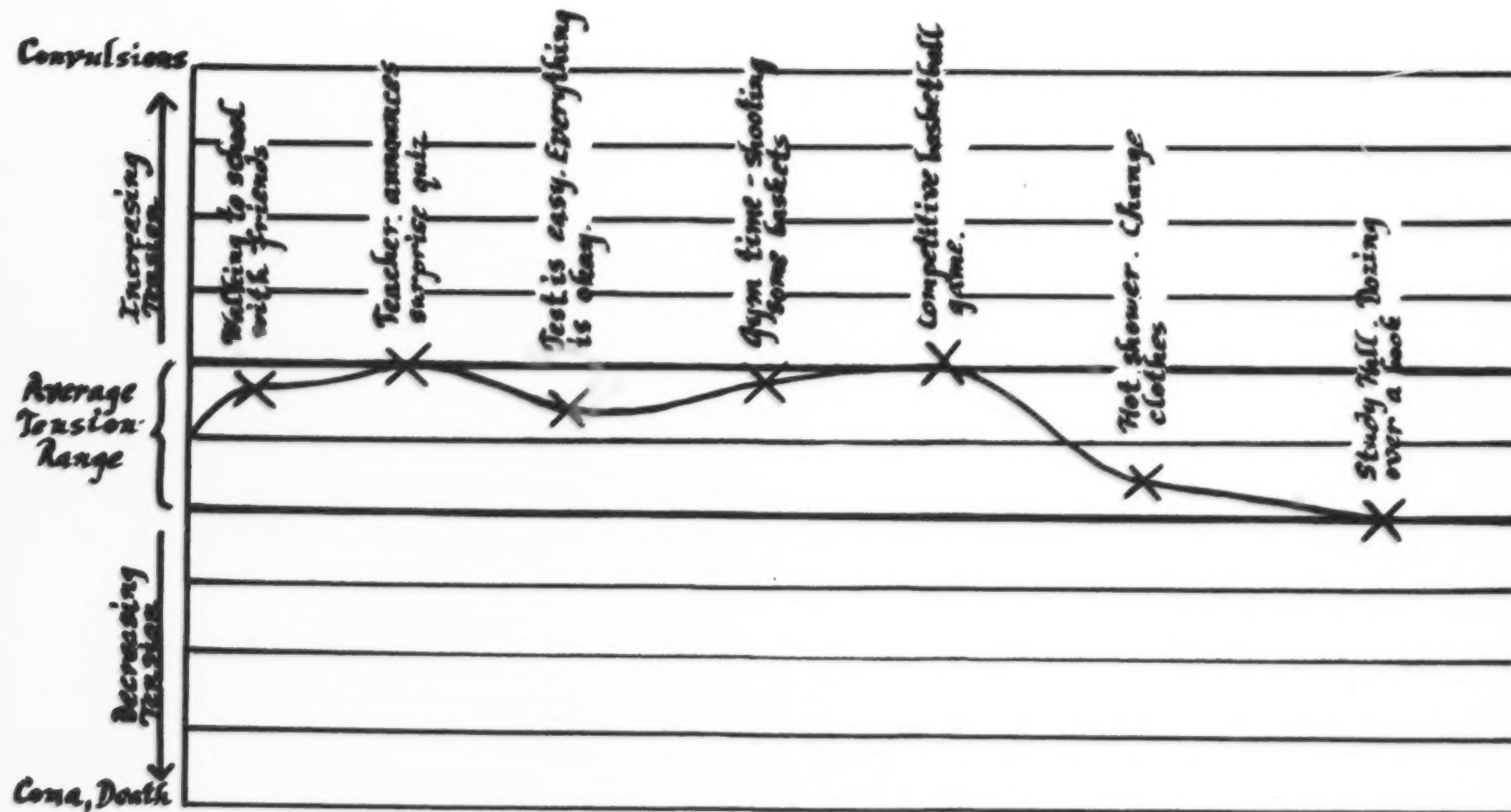
Feelings of anger, fear, anxiety and excitement raise body tension.

A person can greatly reduce his tension level by using techniques, such as meditation or self-hypnosis, that elicit a "relaxation response" from the body.

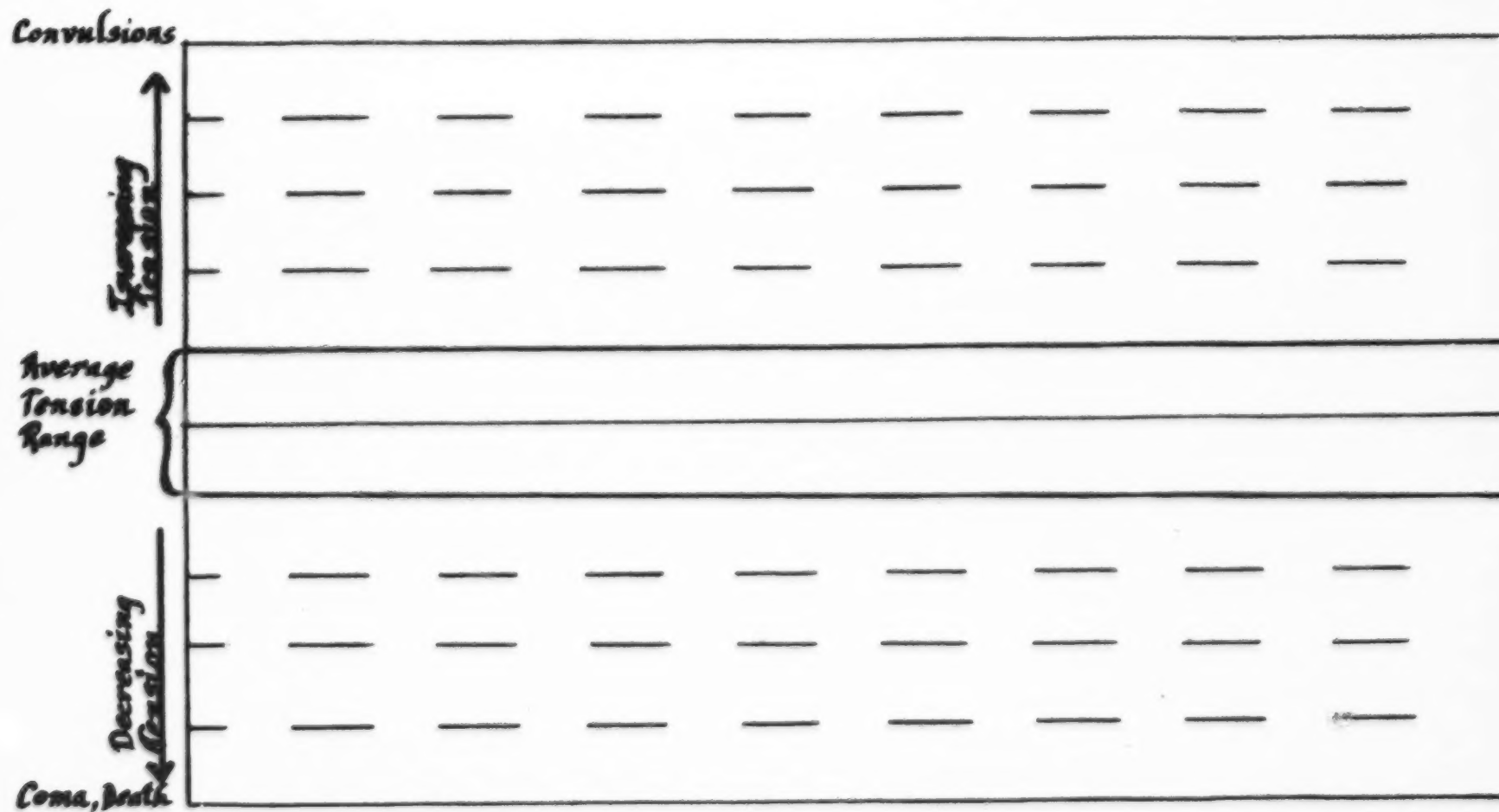
Everyone has a normal or average tension range within which s/he functions. The Balance Graph is used to illustrate this concept.

Example: Balance Graph

A Segment Of A Day



Worksheet: Plot A Balance Graph



GRADES 10, 11, 12 CONCEPT I

CONCEPT: Drugs affect the homeostasis of the body.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION								
<u>OBJECTIVE D</u> The students will explain how various substances, when taken into the body, affect the balance of the body. <u>TEACHER INFORMATION</u> When alcohol is ingested, the central nervous system is depressed. Feelings of anxiety and inhibition are reduced. As the blood alcohol level drops, the depressant effect wears off. A <u>rebound</u> occurs. The body moves to return to average tension level, but passes through this level into a level of agitation. During the period of agitation, the individual feels higher tension levels, and experiences a hangover. (Cont'd on next page.)	<u>ACTIVITY 1. Graphing Tension Changes</u> a. Present to the students the balance graph worksheets, <u>Tension Changes (Depressant)</u> and <u>Tension Changes (Stimulant)</u>. Explain the graphs to the students. b. Write the names of various drugs on cards and place in a container. Have each student draw a card. Examples of Drug Names to Use: <table><tr><td>heroin</td><td>Benzedrine</td></tr><tr><td>Quaalude</td><td>cocaine</td></tr><tr><td>caffeine</td><td>Methadone</td></tr><tr><td>Librium</td><td>nicotine</td></tr></table> Have the students graph the tension changes for their particular drug card on the worksheet, <u>Plot the Drug Reaction</u>. Have the students explain the graphs. c. Discuss with students what information would be required to produce an accurate balance graph that shows the effects of a one-time use of a drug by an individual. What would the graph show about the person's reaction? What reactions might not show on the graph?	heroin	Benzedrine	Quaalude	cocaine	caffeine	Methadone	Librium	nicotine	<u>Materials:</u> Worksheets: <u>Tension Changes (Depressant)</u>, p. 19 <u>Tension Changes (Stimulant)</u>, p. 21 <u>Student References:</u> "Quaaludes & Sopors" (Do It Now Foundation) Also, see Materials List. <u>Materials:</u> 3 x 5 cards Marker Container for "drawing" Worksheet: <u>Plot A Balance Graph</u>, p. 15 (one for each student)	Biology
heroin	Benzedrine										
Quaalude	cocaine										
caffeine	Methadone										
Librium	nicotine										

GRADES 10, 11, 12 CONCEPT 1

CONCEPT: Drugs affect the homeostasis of the body.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
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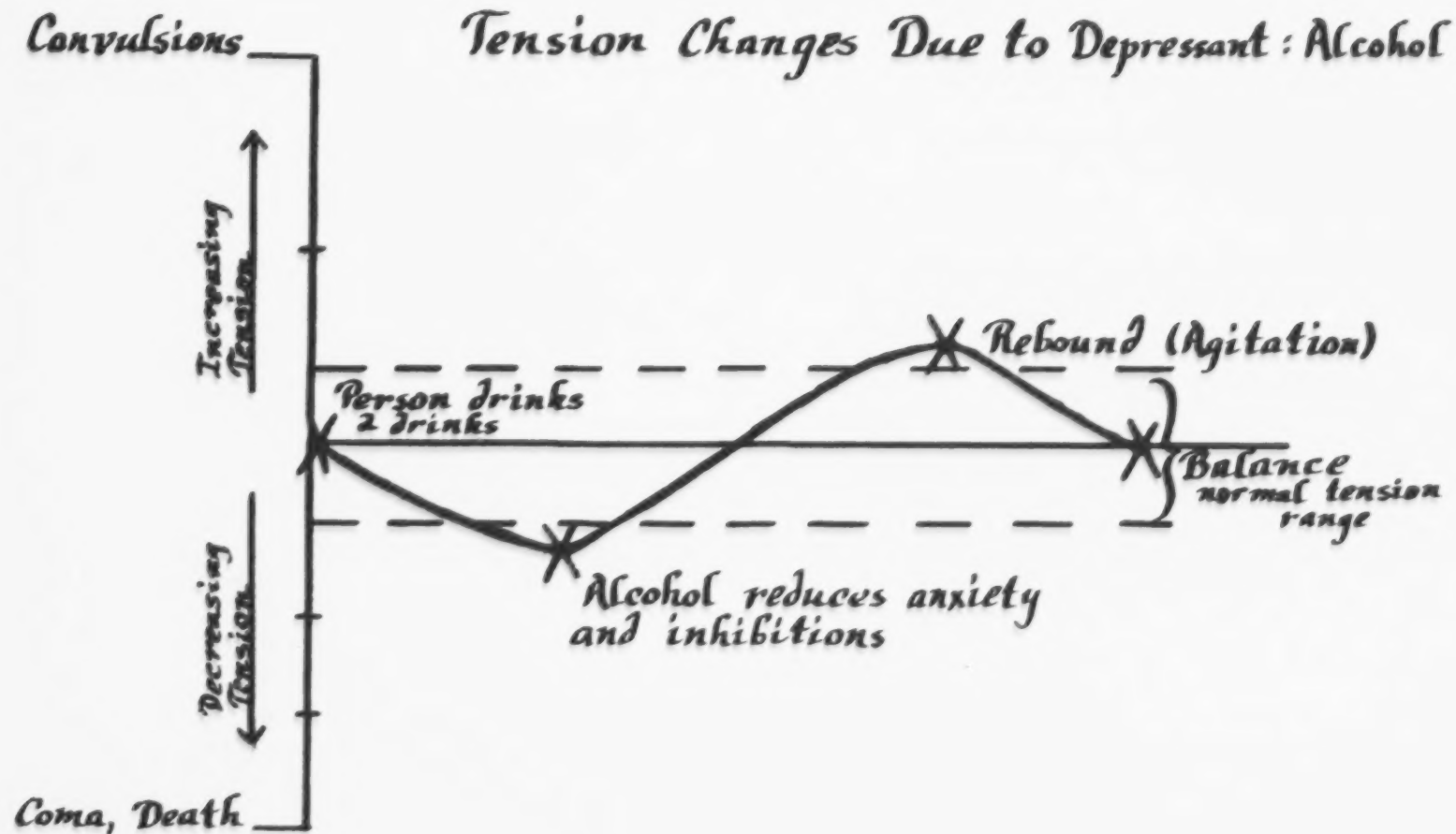
TEACHER INFO. (cont'd)

A similar phenomenon occurs with a stimulant, but the tensions occur in the reverse direction. Initially, after an upper, increased tension levels occur, giving the individual a feeling of energy and well-being.

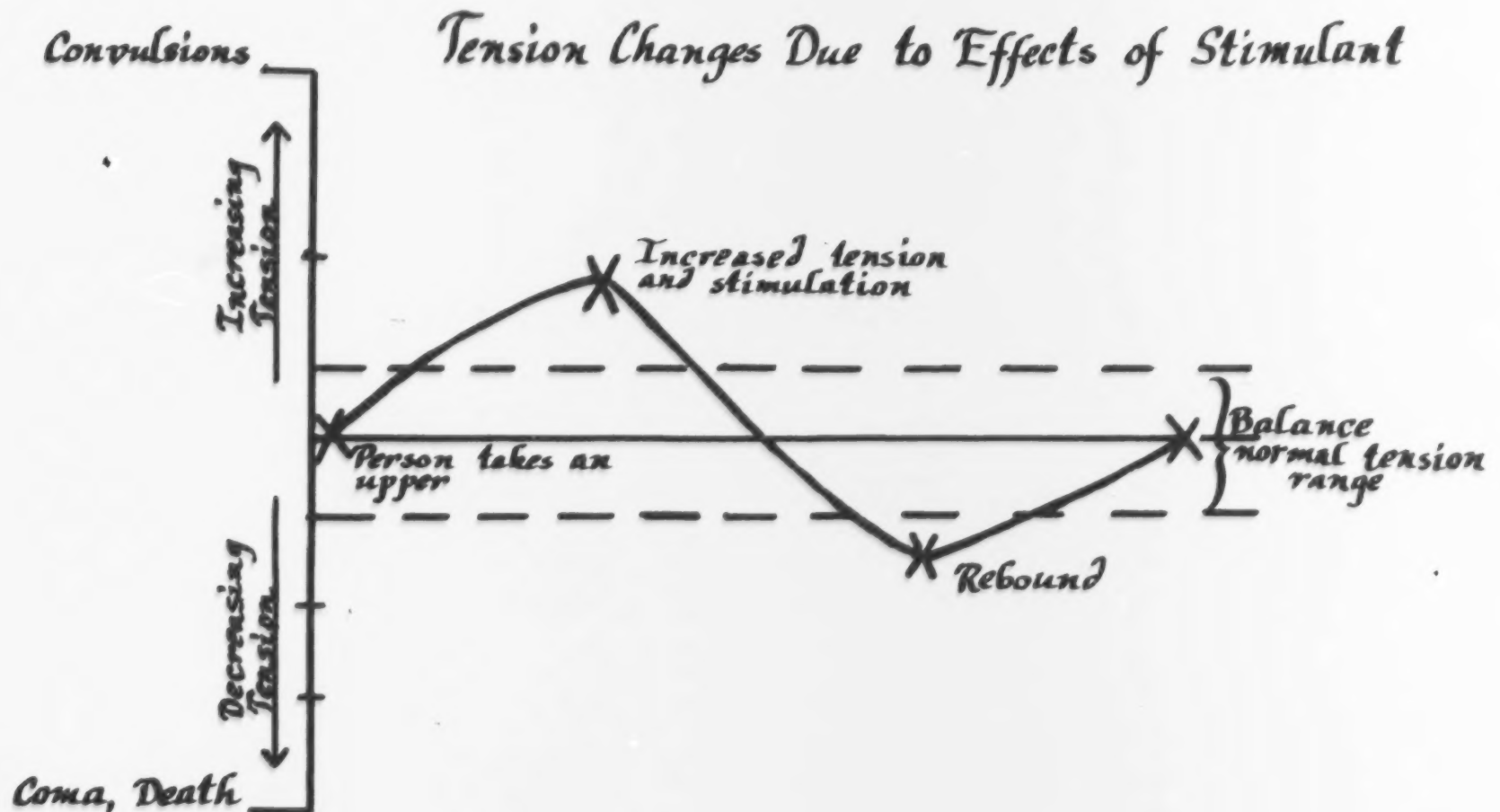
Then rebound occurs and energy seems to dissipate. The body moves to return to the average tension level, but passes through this level into a state of depression and decreased energy level. After a period, the body returns to the normal tension level. It is the rebound effect that causes an individual to repeat the use of a substance.

It is important to point out that whenever a drug is taken once, the homeostasis of the body is changed.

Worksheet: Tension Changes (Depressant)



Worksheet: Tension Changes (Stimulant)



GRADES 10, 11, 12 CONCEPT 1

CONCEPT: Drugs affect the homeostasis of the body.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
<u>OBJECTIVE E</u> The students will discuss drug interactions and the effects of mixing drugs on the body.	<u>ACTIVITY 1. Interactions</u> Explain to the students that drugs are taken frequently in combination to produce a desired effect. Ask them to recall times when they have taken aspirin and antibiotics to combat sickness. Have them share other drug combinations that have been taken during illness and their effects. Distribute the <u>Drug Interaction Information Sheet</u>. Have the students read the sheets and discuss the drug interaction effects. Encourage the students to present their own experiences with drug interaction effects. Ask the students to share "I learned..." statements. <u>ACTIVITY 2. Graphing Interactions</u> Distribute the worksheet, <u>Plot the Drug Reaction</u>. Have the students illustrate on the balance graph the following drug interactions: alcohol and an amphetamine alcohol and a barbiturate Have the students share and explain their graphs. Elicit from the students other drug interaction effects. Have the students illustrate these interactions on the graph and discuss their representations.	<u>References:</u> "Drug Effects Can Go Up In Smoke"; "Food and Drug Interactions" (Food & Drug Administration) "Alcohol/Drug Combinations" (Do It Now foundation) <u>Materials:</u> <u>Drug Interaction Information Sheet, p. 25.</u> <u>Materials:</u> Worksheet: <u>Plot the Drug Reaction, p. 27</u> <u>Student Reference:</u> <u>Drug Interaction Information Sheet, p. 25</u>	Biology Chemistry

GRADES 10, 11, 12 CONCEPT I

CONCEPT: Drugs affect the homeostasis of the body.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
<u>TEACHER INFORMATION</u> This activity may be enhanced by having students participate in a follow-up community awareness activity or public education campaign.	<u>ACTIVITY 3. The Local Scene</u> Contact a local hospital emergency room for statistical information on cases treated for drug overdose: 1) during the past year; 2) during the past month. In how many of these instances were drug interactions a factor? What drugs were involved? Have students discuss what the information shows about what people in their community need most to know about drug overdoses.	<u>Resource:</u> Local hospital	
<u>SUPPLEMENTARY ACTIVITY:</u>			
<u>TEACHER INFORMATION</u> The Dairy, Food and Nutrition Council, Inc. (678 Troy-Schenectady Road, Latham, NY 12110) has developed a program for integrating drug education with home economics: <u>Nutrition and Drugs, Alcohol and Tobacco</u>. Food and drug interactions are stressed. Teachers are trained, and materials obtained, through a visit to the local participating Dairy Council. (The program is not available in all areas of the State.)	<u>ACTIVITY 4. Food and Drug Interactions</u> Have students investigate and report on the interactions between drugs and foods.	<u>Reference:</u> "Diet-Drug Interactions" (National or local Dairy Council)	Home Economics Nutrition

Drug Interaction Information Sheet

Drug interaction occurs when one or more drugs present in the body alter the action or effects of another drug present in the body at the same time. When drugs are taken in combination, the effects usually fall into one of four categories:

1. Drugs taken together may act independently of each other.

For example, aspirin lowers body temperature when a person has a fever, while an antibiotic drug is eliminating the organism responsible for the sickness. Each drug acts independently, although they are both present in the body.

2. Drugs taken together have a summative or additive effect.

For example, aspirin and codeine relieve pain. When aspirin and codeine are taken together the combined effect is equal to the sum of the two drugs acting alone.

3. Drugs taken together may have a synergistic effect.

For example, when alcohol and antihistamines are taken together, the drugs interact to produce an exaggerated sedative effect. The synergistic effect is greater than the sum of the effects of the two drugs acting alone. This may also be referred to as drug potentiation.

4. Drugs taken together may have an antagonistic effect.

Any time the joint effect of two drugs is less than the sum of the effects of the drugs acting separately, the drug effect is antagonistic. For example, when alcohol and amphetamine are taken together, the alcohol has a depressant effect, and the amphetamine has a stimulant effect. Amphetamines decrease the depressant effects of alcohol. However, the impairment of motor coordination that results from alcohol is NOT counteracted by the amphetamine. As a result, the person who has been drinking feels more alert after taking an amphetamine, but driving and other motor skills are NOT improved, although the person tends to think they are. This false sense of skill can lead to an accident.

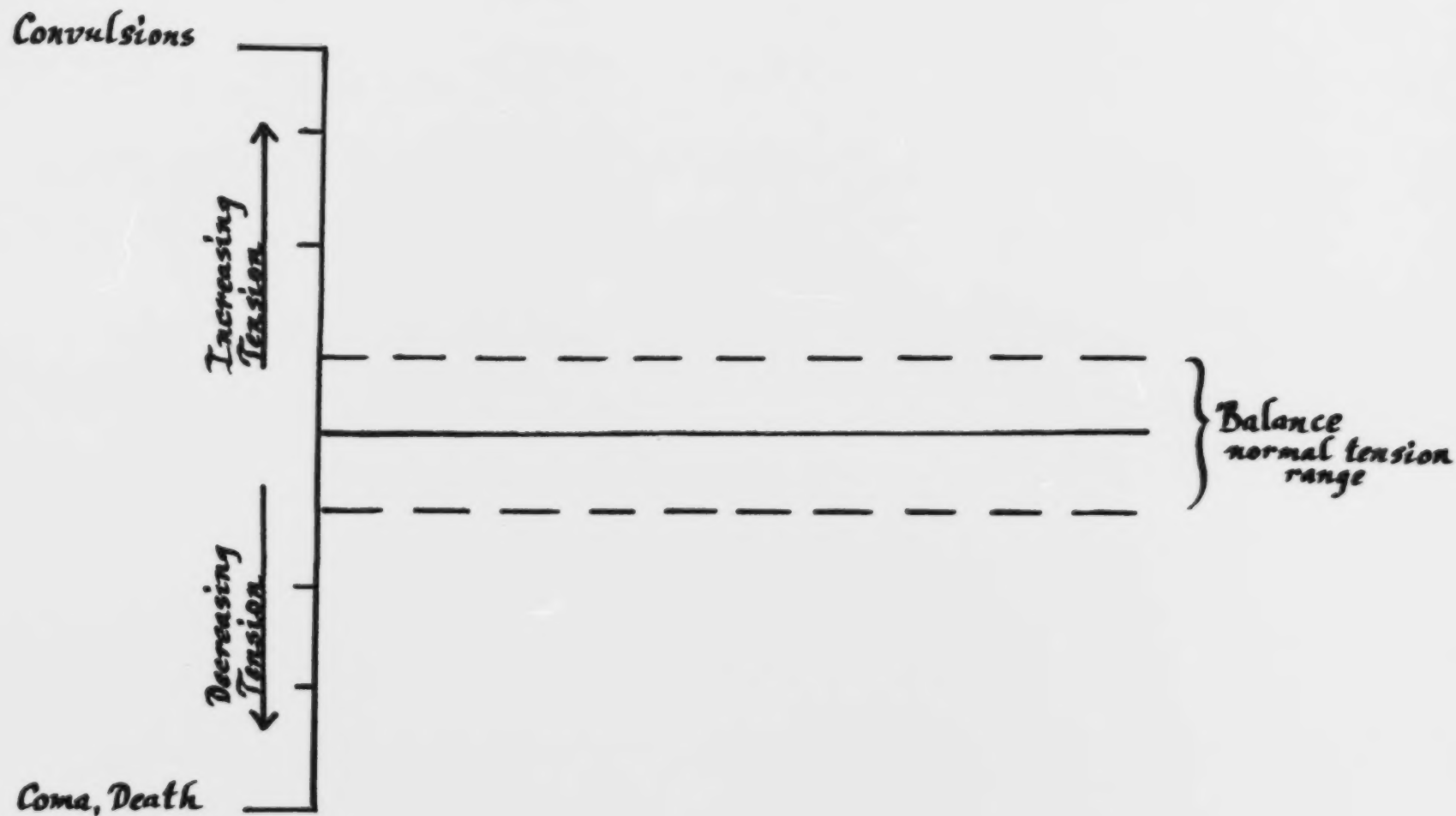
Dose and time are important in drug interactions. Generally, the larger the dose, the greater the effect. The greatest interaction effect occurs when two drugs are taken at the same time. It is generally true that the longer the interval between taking drugs, the less likely the interaction response will be observed.

Body weight and size also contribute to drug interaction. Smaller persons require smaller amounts of drugs to produce effects of equal intensity.

Toxic Interactions: These drug interactions have toxic effects, and can have serious consequences:

alcohol and barbiturates
alcohol and tranquilizers
alcohol and stimulants

Worksheet: Plot The Drug Reaction



GRADES 10, 11, 12 CONCEPT 1

CONCEPT: Drugs affect the homeostasis of the body.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
OBJECTIVE F The students will discuss dependence, tolerance, and withdrawal in relation to the use of certain drugs. TEACHER INFORMATION Dependence and tolerance are introduced in the Grade Five Curriculum. <u>Physical dependence</u> occurs when a person uses a drug to such an extent that the body can no longer function normally without the drug. Physical dependence occurs at the cellular level. <u>Psychological dependence</u> occurs when a person uses a drug to such an extent that s/he feels use must be continued in order to function normally. <u>Tolerance</u> occurs when the body requires larger doses of a drug to achieve the initial effect or when more of the drug is needed to achieve an effect. <u>Withdrawal</u> occurs when a person who has become dependent on a drug stops taking the drug. Withdrawal can be very distressful, and even fatal.	ACTIVITY 1. <u>Dependence and Tolerance</u> Have students identify three of their own habits. Ask the students to describe how they would feel with each of the habits removed from them. Review the meanings of physical dependence, psychological dependence and tolerance. Have the students discuss dependence and tolerance in relation to barbiturate use, tranquilizer use, alcohol use and amphetamine use. Choose specific drugs to discuss with the students. Explain what happens in the body to produce the distressful symptoms known as "withdrawal," relating this to the concept of homeostasis. Questions for Investigation: - Do some drugs produce dependence and tolerance more easily than others? - What are some commonly-used prescription drugs that can produce dependence-tolerance problems? - What withdrawal symptoms are associated with these drugs?	References: <u>The Essential Guide to Prescription Drugs</u> by James W. Long, M.D. <u>Medicines and Drugs: Problems and Risks, Use and Abuse</u> by Brent Q. Hafen and Brenda Peterson, Chapter 10. <u>Physicians' Desk Reference</u> <u>Your Medicine Chest</u> by Wayne O. Evans and Jonathan O. Cole, M.D.	Biology Chemistry

GRADES 10, 11, 12 CONCEPT 1

CONCEPT: Drugs affect the homeostasis of the body.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
	ACTIVITY 2. <u>Balance Graphs</u> Have the students illustrate on the worksheet, Plot the Drug Reaction, the dependence-tolerance sequence for the following substances: cocaine Valium	<u>Materials:</u> Worksheet: Plot the Drug Reaction, p. 27	
	ACTIVITY 3. <u>Recognizing Dependence and Tolerance</u> Present the students with the worksheet, <u>Recognizing Dependence and Tolerance</u>. Have the students decide which of the situations given represent: - physical dependence (code = body) - psychological dependence (code = mind) - tolerance (code = tolerance) - all of the above (code = all) - none of the above (code = none) Allow the students to explain and discuss their choices.	<u>Materials:</u> Worksheet: <u>Recognizing Dependence and Tolerance</u>, p. 31	

Recognizing Dependence & Tolerance

Read the following situations and decide if the situation represents:

- physical dependence (code = body)
- psychological dependence (code = mind)
- tolerance (code = tolerance)
- all of the above (code = all)
- none of the above (code = none)

_____ Hugh smokes a joint before school and during lunch to "get him through the day."

_____ Jeffrey takes a Quaalude before going to the disco on Saturday night.

_____ The Bordens can't get going in the morning unless they have two cups of coffee.

_____ Sal always stops at a local bar after work at night. He has two martinis and talks with his friends before driving home to face his family.

_____ Mother takes a tranquilizer every time she has an argument with her daughter.

_____ Jamie snorts before going to a party in order to feel "up."

_____ When Isabel has a deadline to make, she smokes two packs of cigarettes a day.

_____ Pedro drinks a six pack of beer while watching the ball game at night.

_____ Mother watches the soap operas every afternoon.

_____ Josh needs a candy bar after lunch.

_____ Sue, an expectant mother, celebrates her pregnancy with a bottle of champagne.

_____ Kelly smokes a joint before riding his bike to school.

GRADES 10, 11, 12 CONCEPT 1

CONCEPT: Drugs affect the homeostasis of the body.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
<u>OBJECTIVE G</u> The students will discuss the influence of drugs on driving safety.	ACTIVITY 1. <u>Drugs and Driving</u> Have the students label the following statements as true or false: a. Different people's driving skill is affected differently by the same drug. (True) b. Marijuana does not affect driving skills and judgment. (False) c. Tranquilizers slow you down, and help you think more clearly while driving. (False) d. Amphetamines improve driving skill for a limited period of time. (True) e. Amphetamines keep you awake but make you edgy and less coordinated. (True) f. Drivers under the influence of marijuana have narrower vision fields. (True) g. Antihistamines can be dangerous to take if you are going to drive. (True) h. Caffeine can help the drunk driver sober up. (False) Have the students refer to pamphlets to find the answers to previous questions. Discuss the belief, "Driving is safest without drugs." Invite the students to offer their opinions on drugs and driving.	<u>References:</u> "Drugs and Driving" (National Clearinghouse for Drug Abuse Info.) "Substance Use and Safety" (Do It Now Foundation) "Drugs and Driving" (Food and Drug Admin.) "Marijuana, Other Drugs and Their Relation to Highway Safety" (National Highway Traffic Safety Admin.)	Driver Education

GRADES 10, 11, 12 CONCEPT I

CONCEPT: Drugs affect the homeostasis of the body.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
<u>TEACHER INFORMATION</u> Students can refer back to previously completed worksheets in conducting this activity.	ACTIVITY 2. <u>Balance Graph, Drugs and Driving</u>	<u>Materials:</u>	Driver Education
	Discuss with the students their ideas about drugs and driving. Write these ideas on the chalkboard. Choose a drug to focus on. Using the worksheet, <u>Plot the Drug Reaction</u>, plot the reaction of the drug. From this graphic presentation, have the students explain how the drug affects tension levels in the body. Have the students discuss how these changes in homeostasis can affect driving judgment and skill. Have the students contribute an "I learned..." statement.	Worksheet: <u>Plot the Drug Reaction</u>, p. 27	
	ACTIVITY 3. <u>Preventing DWI Accidents</u>	<u>Address:</u>	
	- Present to students or have students research statistics relating to traffic accidents caused by or associated with DWI (driving while intoxicated), and DWAI (driving while ability impaired). - Have students write to the Department of Motor Vehicles for information regarding what state government is doing to alleviate this problem and interview local authorities for information on what is being done by the community. - Have students brainstorm things individuals can do to reduce problems caused by mixing drugs and driving. - Have students role-play situations where the decisions they make can help prevent drug driving accidents.	Department of Motor Vehicles Empire State Plaza Swan St. Bldg. Albany, NY 12228	

CONCEPT: Drugs affect the homeostasis of the body. GRADES 10, 11, 12 CONCEPT I

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
OBJECTIVE H The students will discuss the effects of drug use on a pregnant woman and on the fetus. TEACHER INFORMATION In discussing the effects of drugs on the fetus, do not neglect to include tobacco. (See <u>Tobacco Education Curriculum</u>) and alcohol. Stress the special vulnerability of the fetus during the first trimester of pregnancy. TEACHER INFORMATION Develop the idea that few, if any, drugs are solely beneficial or harmful by their nature. In prescribing drugs for pregnant women, doctors must weigh both the benefits and risks to health.	ACTIVITY 1. <u>Fetal Development and Drugs</u> Select a. or b. a. Explain how most drugs taken by a woman during pregnancy reach the fetus. Give an example of how different body parts of the fetus are more vulnerable during different stages of fetal development. b. <u>Film</u> View the film "Born Hooked." Report on why it is essential for the addicted female to seek early and continuous prenatal care. Explain the symptoms of drug withdrawal in the newborn from heroin and methadone. Review resources available for pregnant addicts in your community. ACTIVITY 2. <u>Posters</u> Have the students develop posters for getting the message to other students about the effects of drugs on unborn babies. ACTIVITY 3. <u>Beneficial or Harmful?</u> List on the chalkboard the names of various over-the-counter, prescription and illegal drugs which affect the pregnant woman and the fetus. Have each student select one drug from the list, and research the known effects on the fetus. Which drugs are beneficial? Which drugs are harmful? Develop a case study for a drug for which there is inconclusive evidence.	References: "D*A*T*A*;" "Drugs In Pregnancy: Effects on the Fetus and Newborn" (March of Dimes) "Drugs and Pregnancy" (Food and Drug Administration) Film: "Born Hooked" (March of Dimes) Materials: For poster-making References: <u>Just So It's Healthy</u> by Lucy Barry Robe <u>A Woman's Choice</u> (National Clearinghouse for Drug Abuse Information)	Biology Chemistry Home Economics Biology Chemistry Home Economics Alcohol and Tobacco Education Art Biology Chemistry Home Economics

GRADES 10, 11, 12 CONCEPT I

CONCEPT: Drugs affect the homeostasis of the body.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
<u>TEACHER INFORMATION</u> Since this activity is also included in the junior high curriculum, it may not be necessary to repeat it here.	<u>SUPPLEMENTARY ACTIVITY</u> ACTIVITY 4. Interview Invite an obstetrician, pediatrician, nurse-midwife or other qualified resource person to speak about the effects of drugs on the fetus.	<u>Resource Person:</u> Obstetrician, pediatrician or nurse-midwife	Biology Chemistry Home Economics

CULMINATING CONCEPT EVALUATION ACTIVITY:

Open-Ended Evaluation

List on the chalkboard the topics covered in the concept. Have the students respond to the following sentence stems:

- An important piece of information I learned was _____.
- An activity I found interesting was _____.
- I felt good when _____.
- I would like to learn more about _____.
- In this unit, I would change _____.

Record the ideas presented by the students for use in future planning.

GRADES 10, 11, 12 CONCEPT II

CONCEPT: Drugs are a major force in our society.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
<u>OBJECTIVE A</u> Students will trace the history of selected drugs to gain a perspective on use, misuse, and abuse. <u>TEACHER INFORMATION</u> These activities can be done individually or in small groups.	<u>ACTIVITY 1. Research and Report</u> Select a. or b. a. <u>Histories of Drug Uses</u> Have students select a drug and research the history of its uses by man. Students should then prepare reports, which may be combined into a booklet. Each report should be two or three handwritten pages and include discussion of any medicinal, ceremonial, recreational or other use found for the drug, changing attitudes toward the drug, and how these uses and attitudes may have affected history. When students have concluded their reports, have them discuss the questions: "Has man learned, over time, to use drugs more wisely?" and "What factors determine how a drug will be used?" b. <u>Drugs and Culture</u> Have students select a culture, group or country in which drug use has played an important role, either throughout history or at some particular period in history. Examples: - India (marijuana) - China (marijuana, opium) - South America (cocaine) - American Indians (peyote, tobacco, alcohol) - Armed Forces (morphine, heroin, amphetamines, alcohol) - Athletes (amphetamines, nitroglycerine, steroids, etc.) - Entertainers (alcohol, marijuana, heroin, etc.) (Cont'd on next page.)	<u>Examples of References:</u> <u>Hallucinogens and Culture</u> by Peter T. Furst <u>Hallucinogenic Plants</u> by Richard Evans Schultes <u>Marijuana. The First</u> <u>Twelve Thousand Years</u> by Ernest L. Abel	History

GRADES 10, 11, 12 CONCEPT II

CONCEPT: Drugs are a major force in our society.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION						
	ACTIVITY 1.b. (cont'd) Have students prepare reports, limited to two hand-written pages, on the role played by drug use in the society or group selected. When students have concluded their reports, have them discuss the question: "What factors in a group determine how the use of drugs will affect the group?" ACTIVITY 2. <u>Interviews</u> Have students interview grandparents, or older individuals about drugs used in earlier times. Have them consider how the uses of the drugs mentioned have changed. ACTIVITY 3. <u>Advertisements</u> Collect and classify ads from old magazines for drug substances. Have the students determine if the substances advertised have changed and/or if society's attitudes toward the substances have changed and how. SUPPLEMENTARY ACTIVITY: ACTIVITY 4. <u>Drug Use By Famous People</u> Have students research the use of drugs by famous persons. Examples: <table> <tr> <td>Sigmund Freud</td> <td>Charles Dickens</td> </tr> <tr> <td>Malcolm X</td> <td>Hector Berlioz</td> </tr> <tr> <td>Edgar Allan Poe</td> <td>Piri Thomas</td> </tr> </table> Have students prepare oral reports for class presentation regarding what these persons believed about the drugs they used, and how substance use affected their lives.	Sigmund Freud	Charles Dickens	Malcolm X	Hector Berlioz	Edgar Allan Poe	Piri Thomas	<u>Materials:</u> Old magazines <u>Resource:</u> Library	Social Studies English
Sigmund Freud	Charles Dickens								
Malcolm X	Hector Berlioz								
Edgar Allan Poe	Piri Thomas								
<u>TEACHER INFORMATION</u> The association of fame with drugs may have some counterproductive effects if students acquire the misconception that the drugs enabled the persons to become famous.									

GRADES 10, 11, 12 CONCEPT II

CONCEPT: Drugs are a major force in our society.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION				
<u>OBJECTIVE B</u> The students will examine and discuss the interrelationships among the drug industry, controls and society.	ACTIVITY 1. <u>Interrelationship Charts</u> Present the students with the following chart: <table><tr><td>Food & Drug Administration</td><td>Drug Industry</td></tr><tr><td>The Public</td><td>The Medical Profession</td></tr></table> Divide students into groups to examine and research the interrelationships represented in the chart as they pertain to the control of the drug market. Have students select one of the four groups represented on the chart and discuss how they relate to each of the other three groups. After each group has completed its research, the class can share information to explain the interrelationships depicted by the chart. ACTIVITY 2. <u>Investigation and Discussion</u> The interrelationships among the drug industry, controls, and society sometimes lead to controversy. Have students investigate some of these controversial issues and present their findings in panel discussions, debates, and/or sociodramas. Some of the issues they might examine include: (a) use of DES (b) medical uses of marijuana (c) use of laetrile in cancer treatment	Food & Drug Administration	Drug Industry	The Public	The Medical Profession	<u>References:</u> <u>Drugs of Abuse</u> (Drug Enforcement Admin.) <u>Questions and Answers About the U.S. Prescription Drug Industry</u> (Pharmaceutical Manufacturers Association) "We Want You to Know About Today's FDA" (Food and Drug Administration) <u>Reference:</u> <u>A Search for Answers</u> (Pharmaceutical Manufacturers Association) <u>Resource Agencies:</u> American or local Cancer Society Food and Drug Administration March of Dimes	Social Studies Social Studies
Food & Drug Administration	Drug Industry						
The Public	The Medical Profession						

GRADES 10, 11, 12 CONCEPT II

CONCEPT: Drugs are a major force in our society.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
<u>TEACHER INFORMATION</u> In some communities it may be feasible to obtain an FDA Resident Post official or other representative to debate a pharmaceutical industry official before the class (or several classes).	ACTIVITY 3. <u>Debate: Government Control vs Free Enterprise</u> Have students debate the topic "The FDA should be given more (or less) power over what drugs that can be sold in the market place."	References: See previous page	Social Studies
<u>OBJECTIVE C</u> The students will discuss and analyze social policies regarding drug use. <u>TEACHER INFORMATION</u> Information regarding the Marijuana Law may be obtained from the Division of Substance Abuse Services, Stuyvesant Plaza, Executive Park, Albany, NY 12203, or from your local State Legislator. Information regarding other laws, and pending legislation, may be obtained from your local State Legislator or from local law enforcement agencies.	ACTIVITY 1. <u>Current Laws and Policies (Panel)</u> a. Invite a police or narcotics officer, a lawyer, a school administrator and a school guidance counselor or probation officer to discuss and answer student questions about: - current drug laws - school drug policies - their roles in handling drug use and abuse problems - what a student can expect to happen in various situations - what the best action would be for someone who has a friend s/he suspects is abusing drugs. Have students take notes on the presentation. Students can then elect to a) prepare a report summarizing the major points or b) prepare a list of questions for further investigation, research answers and report to the class. b. Have the class brainstorm drugs which were not covered by the panel presentation. Divide the class into small groups and have each group research laws pertaining to the use of these drugs. Have each group report its findings to the class.	Resource Persons: Police or narcotics officer Lawyer School administrator Guidance counselor or probation officer References: <u>Drugs: A Factual Account</u> by Dorothy Dusek and Daniel A. Girdano <u>Medicines and Drugs</u> by Brent Q. Hafen and Brenda Peterson.	Social Studies

GRADES 10, 11, 12 CONCEPT II

CONCEPT: Drugs are a major force in our society.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
<u>TEACHER INFORMATION</u> All students should understand the meaning of the term "decriminalization" and how this differs from "legalization." <u>TEACHER INFORMATION</u> For a body vote, instruct the students to step to the right if they agree; step to the left if they disagree; and stay where they are if they have no opinion.	ACTIVITY 2. <u>Laws or No Laws?</u> Using a fish bowl technique, have students discuss: Should there be laws governing drug use?	Teacher Reference: Introductory Section, <u>A Sampling of Teaching Methods</u>, pp. xvii-xviii	Social Studies
	ACTIVITY 3. <u>Debating Issues</u> Divide the class into four groups. Assign each group one of the following topics for research and debate. The entire group should research and discuss the issues involved as a unit, then appoint two of its members to present opposing views in a debate before the class. Issues to Be Debated: a. Illegal Drug Paraphernalia: Free Sales vs Ban on Sales b. Drug Law Violators Abroad: Should Be Prosecuted Under U.S. Law vs Should Be Prosecuted Under the Law of the Country Visited c. Marijuana Laws: Decriminalization vs Legalization d. Confidentiality: Drug Abusers Should Be Protected vs Drug Abusers Should Be Reported to Authorities.	Reference: "It Was Such A Little Amount" (Bureau of Public Affairs) Teacher Reference: <u>Drugs, Society, and Human Behavior</u> by Oakley Ray, pp. 412-417.	Social Studies
	ACTIVITY 4. <u>Opinions</u> Have the students "body vote" to determine class ideas about drug issues. - People who are drug abusers should be given mandatory jail terms. - Prescriptions should not be required for drugs. - Marijuana use should be legalized. (Cont'd on next page.)		

GRADES 10, 11, 12 CONCEPT II

CONCEPT: Drugs are a major force in our society.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
	ACTIVITY 4. (cont'd) - Drug sellers should receive tougher jail terms than drug users who are not sellers. - Juvenile drug pushers should be treated as adult criminal offenders. - If someone wants to misuse/abuse drugs it's nobody's business but his/her own. - Heroin should be legalized. When the voting is over, open discussion with the students in terms of the consequences of the issues. ENRICHMENT ACTIVITY FOR THE GIFTED: ACTIVITY 5. <u>Drug Control Laws</u> Have students research specific drug control laws and judicial decisions and prepare reports regarding society's changing attitudes toward drugs. Examples of Topics: - Federal Food, Drug and Cosmetic Act (Pure Food and Drug Act) - Harrison Act - Webb Decision (1920) - Behrman Decision (1920) - Lindner Case (1925) - Robinson vs California - Shafer Commission Report (National Commission on Marijuana and Drug Abuse) - Boggs Act - Narcotic Drug Control Act (1956) - Narcotic Rehabilitation Act (1966) - Comprehensive Drug Abuse Prevention Act - Drug Abuse Office and Treatment Act	References: <u>Drugs: A Factual Account</u> by Dorothy Dusek and Daniel A. Girdano <u>Drugs, Society and Human Behavior</u> by Oakley Ray Resource: <u>Public Library</u>	

GRADES 10, 11, 12 CONCEPT II

CONCEPT: Drugs are a major force in our society.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
<u>OBJECTIVE D</u> The students will discuss how a drug abuser contributes to the imbalance of society. <u>TEACHER INFORMATION</u> Refer to <u>Glossary</u> for definitions of "drug abuse."	ACTIVITY 1. <u>+</u>, <u>-</u>, <u>0</u> Have students write the words "drug abuser" on a sheet of paper, then list word associations with the term which they classify as positive, negative or neutral. Discuss the meanings of the words and how they influence their perceptions of a "drug abuser." Define the terms "drug abuser" and "drug abuse."		English (Vocabulary)
<u>TEACHER INFORMATION</u> The <u>denotative</u> meaning of a word is its designated, or dictionary, meaning. Other meanings suggested by, or associated with, the word are referred to as <u>connotative</u>.	ACTIVITY 2. <u>Denotation and Connotation</u> Explain to the students that words have different meanings to different people at different times. Write the word <u>water</u> on the chalkboard. Elicit from the students a <u>denotative</u> meaning. Ask the students to consider how the connotative meaning of the word water changes for a man lost in the desert and a family involved in a flood. Write the words <u>drug abuse</u> on the chalkboard. First elicit from the students a denotative meaning, then elicit connotative meanings from the point of view of a pharmacist, a police officer, a parent or spouse, a counselor, a psychologist, a sociologist, etc.		English

GRADES 10, 11, 12 CONCEPT II

CONCEPT: Drugs are a major force in our society.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION																								
	ACTIVITY 3. <u>Drugs Cost More Than Money</u> Prepare a chart with the students which reflects the social, economic, political, psychological and physical costs of drug abuse. Display the chart in a prominent place. Examples: <table><tr><td><u>Economic Costs</u></td><td><u>Social Costs</u></td></tr><tr><td>Job absenteeism</td><td>Family disharmony</td></tr><tr><td>Loss of productivity</td><td>Disruption of school routines</td></tr><tr><td>Maintenance of treatment centers</td><td>Crime</td></tr><tr><td><u>Psychological Costs</u></td><td><u>Physical Costs</u></td></tr><tr><td>Emotional instability</td><td>Disruption of functioning of body systems</td></tr><tr><td>Vulnerability due to drug dependency</td><td>Toxic fetal effects</td></tr><tr><td>Disintegration of self-image</td><td>Negligence regarding health care</td></tr><tr><td><u>Political Costs</u></td><td></td></tr><tr><td>Treaties with other countries to curb production of drug substances</td><td></td></tr><tr><td>Negotiations to retrieve citizens convicted of drug crimes in foreign countries</td><td></td></tr><tr><td>Lobbies for/against drug laws and treatment centers</td><td></td></tr></table>	<u>Economic Costs</u>	<u>Social Costs</u>	Job absenteeism	Family disharmony	Loss of productivity	Disruption of school routines	Maintenance of treatment centers	Crime	<u>Psychological Costs</u>	<u>Physical Costs</u>	Emotional instability	Disruption of functioning of body systems	Vulnerability due to drug dependency	Toxic fetal effects	Disintegration of self-image	Negligence regarding health care	<u>Political Costs</u>		Treaties with other countries to curb production of drug substances		Negotiations to retrieve citizens convicted of drug crimes in foreign countries		Lobbies for/against drug laws and treatment centers			Social Studies Economics
<u>Economic Costs</u>	<u>Social Costs</u>																										
Job absenteeism	Family disharmony																										
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Negotiations to retrieve citizens convicted of drug crimes in foreign countries																											
Lobbies for/against drug laws and treatment centers																											
<u>TEACHER INFORMATION</u> This activity can be enhanced if it is followed up through preparation and mailing of letters by students to their Legislators. The (Cont'd on next page.)	ACTIVITY 4. <u>Treatment/Rehabilitation Costs</u> Have students write or interview government officials regarding the costs of treatment and rehabilitation for: - one drug abuser per year (average) - one drug abuser from referral to completion of rehabilitation (Cont'd on next page.)	<u>Resources:</u> Names, addresses of local or state government officials	Social Studies																								

GRADES 10, 11, 12 CONCEPT II

CONCEPT: Drugs are a major force in our society.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
<u>TEACHER INFO.</u> (cont'd) letters should offer suggestions for saving tax dollars through improved methods for preventing drug abuse.	ACTIVITY 4. (cont'd) c. all treatment and rehabilitation for drug abusers in the State of New York for one year Have students discuss ideas for how this money might be used to prevent people from becoming drug abusers. ACTIVITY 5. <u>Filmstrip</u> Show and discuss a filmstrip that focuses on the characteristics of drug abusers. Consult accompanying teacher's guide for discussion questions.	<u>Filmstrip:</u> "The Addictive Personality: Who Uses Drugs and Why" (Human Relations Media)	

GRADES 10, 11, 12 CONCEPT II

CONCEPT: Drugs are a major force in our society.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION										
<u>OBJECTIVE E</u> The students will compare and contrast viewpoints held by the drug industry, various organizations and health professionals. <u>TEACHER INFORMATION</u> Examples of organizations with different views on marijuana use would be the National Organization for the Reform of Marijuana Laws, the American Council on Marijuana and Other Psychoactive Drugs, Citizens for Informed Choices on Marijuana, the American Cancer Society, the American Lung Association and the American Medical Association.	ACTIVITY 1. Select a. or b. a. <u>Research and Discussion</u> Have students bring in articles and publications which present various viewpoints regarding the use of a drug. Ask students to volunteer quotations from this material that present a viewpoint on the drug, and identify the source of the quotation. Record the sources of information on the chalkboard, and compare the views they expressed. Then ask students the following questions: - What are the purposes of the organizations (sources)? How do their viewpoints reflect their purposes? - Which sources are most reliable? (rank order if possible) - Is it possible that some sources may be reliable in some ways, but not in others? - Is it possible for more than one viewpoint to be accurate? b. <u>Interviews</u> Have students interview doctors, hospital officials, pharmacists, regulatory agency officials, etc. regarding medical uses for drugs with a high potential for abuse and the medical availability of the drugs. Examples: <table><tr><td><u>Drugs</u></td><td><u>Medical Uses</u></td></tr><tr><td>morphine</td><td>terminal cancer (severe pain)</td></tr><tr><td>codeine</td><td>pain</td></tr><tr><td>LSD</td><td>schizophrenia</td></tr><tr><td>marijuana</td><td>glaucoma, cancer (chemotherapy patients)</td></tr></table>	<u>Drugs</u>	<u>Medical Uses</u>	morphine	terminal cancer (severe pain)	codeine	pain	LSD	schizophrenia	marijuana	glaucoma, cancer (chemotherapy patients)	<u>Resource:</u> Local Cancer Society (information regarding use of marijuana in chemotherapy)	Social Studies Social Studies
<u>Drugs</u>	<u>Medical Uses</u>												
morphine	terminal cancer (severe pain)												
codeine	pain												
LSD	schizophrenia												
marijuana	glaucoma, cancer (chemotherapy patients)												

(Cont'd on next page.)

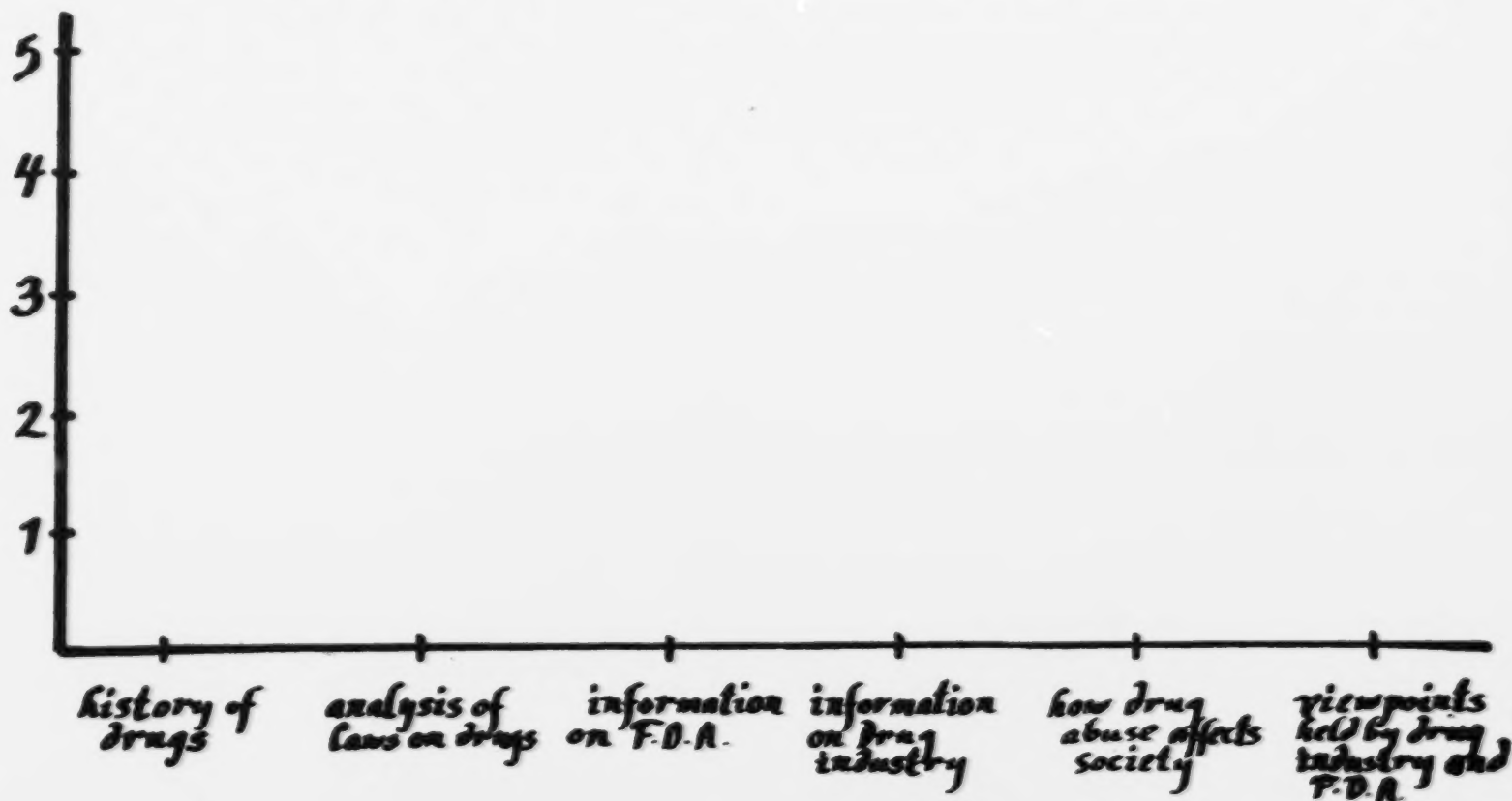
GRADES 10, 11, 12 CONCEPT II

CONCEPT: Drugs are a major force in our society.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
	ACTIVITY 1.b. (cont'd) Interviews should focus on questions such as the following: - Do you feel the drug has a medical use that justifies its manufacture by the pharmaceutical industry? - Do you feel present regulations interfere with legitimate use of the drug in treatment? - How do you feel the drug should be handled to best insure its proper use? Have students present short oral reports to the class on their interviews. ACTIVITY 2. <u>Drugs and Weight Control</u> Have students collect data and opinions regarding drugs used by people in weight control. Sources to be tapped could include ads in magazines, articles, TV commercials, local weight control programs or clinics, drug stores, physicians, books. Have students display and discuss what they found in class. Followup with a class discussion regarding the reliability of various sources, pros and cons regarding the use of drugs in weight control and suggestions for alternatives to drugs for losing weight. CULMINATING CONCEPT EVALUATION ACTIVITY: <u>Graphing Opinions</u> Distribute the evaluation sheet, <u>Graphing Opinions</u>, which focuses attention on topics covered in the development of this concept. Have the students fill in the the graph and share their opinions. Record their responses for use in shaping the curriculum to meet the students' needs.		Home Economics Nutrition
132	47	<u>Materials:</u> Evaluation: <u>Graphing Opinions</u>, p. 49 (one per student)	133

Evaluation: Graphing Opinions

The graph below lists some of the topics and ideas which you learned concerning substance use. Rate each activity from "1" (learned a little) to "5" (learned a lot) depending on your experience with the activity. Indicate your rating with an "X". Draw a line connecting the X's.



GRADES 10, 11, 12 CONCEPT III

CONCEPT: Communication is influenced by our emotions and by skills in sending and receiving messages.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
OBJECTIVE A The students will practice stating their feelings and needs in constructive ways. TEACHER INFORMATION "I-Messages" are introduced in the fourth grade curriculum, and again in the junior high. An "I-Message" is a way of expressing feelings. There are three parts to an "I-Message." The first part states how the sender feels; the second part states the situation which causes the feeling; the third part states the consequences of the situation which causes the feeling. The "I-Message" follows a simple pattern: I feel...when...because... . The sender takes the responsibility for his/her own feeling. The person who receives the message does not feel blamed, and has an opportunity to change behavior.	ACTIVITY 1. Messages Have the students describe what a feeling is. Ask them how they know when they are feeling emotions. Have the students brainstorm feelings they have had. Encourage the students to discuss how they express the feeling and the consequences of the expression. ACTIVITY 2. I-Messages vs. You-Messages Review the structure and uses of "I-Messages" with students: - "I-Messages" state the feelings of the speaker and allow the receiver to change his/her behavior without feeling "blamed." The speaker takes responsibility and owns his/her feeling. - "You-Messages" are accusing, judging and generally critical. The speaker blames others for his/her feelings. It puts the receiver on the defensive. Have the students identify "I-Messages" and "You-Messages" and discuss the differences between the messages. Examples of "I-Messages": - "I feel frustrated when I'm trying to work and the television is playing too loudly because I can't concentrate." - "I feel uncomfortable when someone criticizes me because I'm trying to do my best." Examples of "You-Messages": - "Turn down that television set!" - "If you don't like the way I do it, then do it yourself!" Have the students focus on a situation which is uncomfortable for them. Have them frame an "I-Message" to send. Have the students share the messages with the class.	Teacher Reference: Teacher Effectiveness Training by Thomas Gordon	English Business Education

GRADES 10, 11, 12 CONCEPT III

CONCEPT: Communication is influenced by our emotions and by skills in sending and receiving messages.

OBJ. & TEACHER INFO.

LEARNING ACTIVITIES

RESOURCES

**SUBJECTS FOR
COORDINATION**

ACTIVITY 3. Fish Bowl

Have the students use a fish bowl technique to discuss a topic like, "A Positive Way I Handle A Feeling."

ACTIVITY 4. Appreciation Is Important

- a. Seat the students in a circle. Have them state an appreciation for someone or something.

Examples:

I appreciate my mother because... .

I appreciate my father because... .

I appreciate my friend _____ because... .

- b. Lead a class discussion around the following questions:

- Why is it important to communicate feelings of appreciation?
- How does it feel when someone communicates appreciation to you?
- Have you ever felt that someone should express appreciation to you who did not do so?

- c. Present the following situation to the class:

Jane did something for Tom, but Tom did not say or do anything to indicate whether he appreciated what Jane did. Have students pretend they are Jane and frame an "I-Message" to give to Tom.

ACTIVITY 5. Weekly Reaction Sheet

Have the students complete a weekly reaction sheet to monitor the communication of their feelings and needs. Encourage the students to record at least one incident a day for a week. At the end of a given time period, permit volunteers to share their 5 sheets.

Materials:

Weekly Reaction Sheet,
p. 53

English

TEACHER INFORMATION

These simple sentence stems focus on "I-Messages."

Weekly Reaction Sheet

Date	Feeling	Situation that caused the feeling	Did you communicate the feeling?	With whom did you share the feeling? What was the response?	With whom would you like to share the feeling? What response would you expect?	Your feelings at the end of the conver- sation	Evaluate the message. How can you improve it?
		140					141

GRADES 10, 11, 12 CONCEPT III

CONCEPT: Communication is influenced by our emotions and by skills in sending and receiving messages.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
	SUPPLEMENTARY ACTIVITIES:	<u>Resource:</u>	
	<u>ACTIVITY 6. Feelings Bibliography</u> Have students identify books, pamphlets and articles that help people learn ways of handling feelings constructively. Students can work individually or in groups, compile their information, and print a bibliography for distribution or for publication in a school newspaper. Students could also work with the school librarian to prepare a display.	School Librarian See Materials List for examples of student references for developing skills in handling feelings.	English
	<u>ACTIVITY 7. Listening</u> Use a filmstrip to develop awareness of skills that can be learned to receive accurate messages from others. Have students practice giving and receiving messages in pairs and give their reactions to the experience.	<u>Filmstrip Set:</u> "Now Hear This! Becoming A Better Listener" (The Skills Group)	
	<u>ACTIVITY 8. Communicating With Parents</u> Use a filmstrip to develop awareness of how skills in sending messages can help prevent conflicts with parents.	<u>Filmstrip Set:</u> "Adolescent Conflict: Parents vs Teen" (Sunburst Communications)	
	<u>ACTIVITY 9. Saying No</u> Use a filmstrip to develop awareness of how skills in sending messages can help people learn to resist pressure from others to do things that do not meet their own best values.	<u>Filmstrip Set:</u> "The Gentle Art of Saying No" (Sunburst Communications) <u>Reference:</u> <u>Asserting Yourself: A Practical Guide for Positive Change</u> by Sharon Anthony Bower and Gordon H. Bower	
<u>TEACHER INFORMATION</u>			
The book opposite can be helpful to both teachers and students in developing assertiveness skills.			

GRADES 10, 11, 12 CONCEPT III

CONCEPT: Communication is influenced by our emotions and by skills in sending and receiving messages.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
<u>OBJECTIVE B</u> The students will explore the dynamics which occur in groups.	<u>ACTIVITY 1. Group Interaction Analysis</u> a. Group Process Information: Have the students recall times when they were part of group discussions. Ask them to focus on a group discussion they participated in which was satisfying. Have several students briefly share these experiences with the class. Ask the students to provide reasons for their feelings about these group experiences. Briefly state that certain interactions occur in group discussions, and that people play particular roles in groups. Explain that an understanding of what occurs in groups can help people to have more positive experiences within the group. Distribute the <u>Group Process Information Sheet</u>. Read and discuss the information sheet with the students. Have the students link the information in the reading to their own experiences. b. Group Process Observation: Divide students into small discussion groups. Appoint one member of each group as observer. Have this group member sit outside the group, observe what is occurring, and record the interactions of the group on the <u>Group Process Observation Sheet</u>. Assign each group a topic for discussion.	<u>Teacher Reference:</u> <u>Developing Effective Classroom Groups: A Practical Guide for Teachers</u> by Gene Stanford <u>Materials:</u> <u>Group Process Information Sheet</u>, pp. 57, 59 (one per group) <u>Materials:</u> <u>Group Process Observation Sheet</u>, pp. 61, 63 (one per group)	

(Cont'd on page 65.)

Group Process Information Sheet

People enjoy meeting in groups and expressing ideas and feelings. There are certain dynamics which occur in groups. Understanding group process can help you become a more effective group member.

There are two major concerns in a group — content and process. Content involves the subject or task under discussion. Content usually involves sharing information, ideas and feelings. Process is concerned with what is happening between group members. Process focuses on participation, roles, leadership styles, patterns of communication, and climate.

Below are some guidelines about group behavior. As you read, try to recall your experiences in discussion groups.

CONTENT

a. The Topic: A group usually has a topic to discuss. The topic should be one which interests the group members. The participants need some background knowledge and/or experience with the topic, and should have informed opinions. Have you ever been in a group where you knew very little about the topic under discussion? How did you feel? What did you do?

b. Adhering to the Topic: As the discussion progresses, the members should adhere to the assigned topic. Why does a group stray from a topic? Who is responsible for keeping the group focused on a topic?

PROCESS

a. Participation: As the group proceeds in its discussion, ideas will be exchanged. One indication of involvement is verbal participation. Some people will express ideas; some people will listen to ideas. There are differences in the amount of participation among group members. Some participators express themselves frequently; other participators talk less and/or are silent. What might be some reasons for differences among group members in the amount of participation? Share a time when you have been an active participator. How did you feel? How did other members of the group feel about you? Share a time when you have been a nonactive participator. How did you feel? How did other members of the group feel about you?

b. Roles: Some members of a group try to influence other members. Perhaps you have been in groups where some people have acted in the following ways:

Boss: This person tries to tell you how to think and feel. When others speak this person judges their opinions and ideas.

Peacemakers: This person is uncomfortable where there is a difference of opinion or argument. When there is a problem, this person feels upset, and eagerly supports any decision which will end tension and discussion.

Avoider: This person seems to be bored, withdrawn and uninvolved. It is difficult to get this person to commit to an idea or decision. Only when someone asks a direct question, will this person respond.

Distractor: This person has funny things to say. When the discussion is serious, this person tries to capture attention by making faces, noises, moving about, talking about something else. Asking this person to pay attention only causes more fooling around.

Harmonizer: This person tries to include everyone in the discussion. This person expresses ideas and feelings openly. When a problem arises, this person tries to solve it in a fair and direct way.

What experiences can you recall with group members who acted in the above ways? Which role do you play in a group? What other roles can you add to the above list?

c. **Leadership:** Generally, a group has a leader. The style of the leader can influence a group. A leader can act as a boss, or a peacemaker; an avoider, a distractor or a harmonizer. How will each of these leadership styles influence the group?

d. **Patterns of Communication:** Sometimes all discussion moves through a leader. The leader calls on people to speak, and comments on what is said. Instead of speaking to each other, the group member speaks to the leader. Name some groups which use this communication pattern.

Sometimes a group member directs his/her ideas to the group. After each group member speaks, subsequent speakers comment on what was said, and add ideas of their own. The discussion occurs in an orderly way as if there were no leader. Name some groups which use this communication pattern.

Sometimes group members talk to each other. The group breaks up into smaller discussion groups as individuals share ideas. Name some groups which use this pattern of communication.

e. **Climate:** A feeling or tone exists in a group discussion. The group can be warm and friendly, or objective and business-like, or angry and hostile. Think of a group situation which you have experienced for each of the climates described. Share these situations with the class.

f. **Other Variables:** Other factors can affect group process. The size of the group, the place where the group meets and the time limit can help or hinder group process. Provide reasons why these factors might influence group process.

Now you are ready to use the Group Process Observation Sheet.

Group Process Observation Sheet

You have been chosen as a group observer. As you watch the group discuss a topic, complete the following observation sheet. Be ready to share these observations with your classmates.

Discussion Topics: _____

Time of Meeting: _____ Place of Meeting: _____

Number of Members in Group: _____

Check the appropriate description of the group you are observing:

CONTENT:

The members of the group appeared interested in the topic.

_____ Very interested _____ Interested _____ Not interested

The members of the group had some knowledge and/or experience with the topic being discussed.

_____ Very knowledgeable _____ Average knowledge _____ Lacked knowledge and/or experience

The members expressed their ideas and opinions of the topic being discussed.

_____ Very open and sharing of ideas and opinions

_____ Sharing of some ideas and opinions

_____ Lack of sharing of ideas and opinions

The group members adhered to the topic being discussed.

_____ Very close adherence to topic _____ Adhered to topic with some side-tracking

_____ Strayed from topic and discussed other things

Fill in the names of group members who are described by the following categories. You may have more than one name in each category:

PROCESS:

A. Participation:

Active Participation: _____

Less Active Participation: _____

Non-Participation: _____

B. Roles:

Boss: _____

Peacemaker: _____

Avoider: _____

Distractor: _____

Harmonizer: _____

C. Leadership:

Fill in the leadership style the leader used: _____

Check the appropriate description of the group you are observing.

D. Patterns of Communications:

Discussion was directed to the leader: _____

Discussion was directed to the group: _____

Discussion was directed to individual members of the group: _____

Other: _____

E. Climate:

Warm and friendly: _____

Objective and business-like: _____

Angry and hostile: _____

Answer the following questions:

Did the group members listen to each other? _____

Did most members participate? _____

Was the time allowed for discussion adequate? _____

Did the size of the group permit free exchange of ideas? _____

Did the meeting place influence the climate of the group? _____

What feelings did you experience during your observations? _____

How might you have changed the group? _____

GRADES 10, 11, 12 CONCEPT III

CONCEPT: Communication is influenced by our emotions and by skills in sending and receiving messages.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
OBJECTIVE C The students will discuss the dynamics which occur in relationships.	ACTIVITY 1.b. (cont'd) Possible Topics for Discussion: "The Heroin Dealer" - Who is he? - What kind of money does he make? - What kind of person must he be? "People Communicate Feelings and Needs in Various Ways" - What are some positive ways? - What are some negative ways? - What are the reactions to these ways? "What I Do With Uncomfortable Feelings" - What are some uncomfortable feelings? - What are some ways of working with these feelings? "How Emotions Can Interfere with Goal Achievement" - What can be done to prevent this interference? - How can facts and feelings be recognized and separated? c. Evaluation of Group Process: At the end of the group discussion, have the observers report the information recorded on the Group Process Observation Sheets. Compare the various reports. Evaluate the group interactions, and have the students share "I learned..." statements. ACTIVITY 1. Levels of Relationships Have the students list, and rank the importance of, their relationships with others. They may have relationships with family members, friends, teachers, team members, coaches, etc. Have them discuss the relationship which is most satisfying for them and provide reasons why. Ask the students to identify common ideas about positive elements in a relationship.		

GRADES 10, 11, 12 CONCEPT III

CONCEPT: Communication is influenced by our emotions and by skills in sending and receiving messages.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
	ACTIVITY 2. <u>Relationships in Media</u> Have the class focus on relationships as portrayed in popular television shows and movies. Ask the students to list elements that are included in these shows as ingredients in a relationship. Have them evaluate these elements in terms of themselves and their needs, and form a statement about those elements which they would choose to include in their own relationships.		Drama
	ACTIVITY 3. <u>Traditional Roles</u> Have the class brainstorm roles associated with males and females in a relationship. Ask the students to discuss those roles which are comfortable or uncomfortable for them and provide reasons why they feel that way. Ask them to cite those roles which they would include in their own relationships. Have the students frame an "I learned..." statement.		Home Economics Sex Education
	ACTIVITY 4. <u>Relationship Focus</u> Have the students focus on four relationships in which they are involved, and complete the worksheet, <u>Relationship Focus</u> . Explain that the list in column one should be rank ordered according to the importance of the relationship to them.	Materials: <u>Worksheet, Relationship Focus, p. 67</u>	English
<u>TEACHER INFORMATION</u> This activity would also work well in an English composition class as a writing assignment.	SUPPLEMENTARY ACTIVITY:		
	ACTIVITY 5. <u>Guided Fantasy Trip</u> Have the students take a fantasy trip five years into the future, and plan an ideal day to spend with someone. Ask them to include the person they are with, the place they are, what they are doing, and their feelings about the day. Have the students identify the parts of the fantasy which they can control and plan for to increase the likelihood that they will occur.		English

Worksheet: Relationship Focus

List in rank order 4 people with whom you have a relationship	What I like about each relationship	What I am uncomfortable with in each relationship	How I would like to change each relationship
1. _____			
2. _____			
3. _____			
4. _____			

GRADES 10, 11, 12 CONCEPT III

CONCEPT: Communication is influenced by our emotions and by skills in sending and receiving messages.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
OBJECTIVE D The students will explore ways in which substance abuse affects relationships.	ACTIVITY 1. <u>Role-Playing</u> Present situations where substance abuse can affect the relationship between individuals. Have students role-play the situations. Have the class focus on problems created by the substance abuse and discuss possible alternatives. Examples of Situations: - John drove his date, Felicia, and Mark and Melissa to a party. During the party John took downers and had a few drinks. He is unsteady on his feet and his speech is slurred. John insists that he will drive his own car and everyone home. - Ben notices that certain personal items have been missing. Last night he thought he had \$40 in his wallet. When he looked today, he found only \$20 there. Now his watch is gone. For the last few weeks his younger brother has been acting strangely, and he had heard rumors that his brother was taking pills. The thought crosses his mind that his brother might be buying drugs. He hears his brother come in, and realizes he must confront him. ACTIVITY 2. <u>Fish Bowl</u> Using a fish bowl technique, have students discuss problems which occur in a relationship when substance abuse occurs. Examples of Discussion Topics: - "How does a parent who uses tranquilizers to handle feelings and problems affect relationships within the family?" (Cont'd on next page.)		Drama Alcohol Education Oral Expression

GRADES 10, 11, 12 CONCEPT III

CONCEPT: Communication is influenced by our emotions and by skills in sending and receiving messages.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
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ACTIVITY 2. (cont'd)

- "What can be the possible outcome for a team, and for individual members, going into the championship game, with three members of the team on amphetamines? The three individuals had partied all night, felt totally fatigued, and needed a lift for the game."

SUPPLEMENTARY ACTIVITY:

TEACHER INFORMATION

A student or group of students may want to prepare a report on the results of this activity for a school newspaper article.

ACTIVITY 3. Interview and Research

Have the students interview parents concerning their ideas and feelings about drug misuse and abuse in today's society. Draw up the interview questions with the students so that the questions reflect their concerns and interests.

Social Studies

Examples of Interview Questions:

- Why do you think people misuse/abuse drugs?
- Do you think marijuana use is more dangerous than alcohol use? Why or why not?
- Do you think a person who smokes a pack of cigarettes a day is a drug abuser?
- Do you think using sleeping pills or tranquilizers regularly is a form of drug abuse?
- What message would you like to give to a young person who is trying drugs?
- Would you find it difficult to communicate your feelings to such a person? Why or why not?

GRADES 10, 11, 12 CONCEPT III

CONCEPT: Communication is influenced by our emotions and by skills in sending and receiving messages.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
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CULMINATING CONCEPT EVALUATION ACTIVITY:

My Reaction

Provide each student with a piece of paper. Explain to students that they are to number their papers from one to ten. For each number, read them a statement and have them write their reactions as "yes," "no" or "undecided." Then collect the papers and prepare a tally of student reactions for class discussion. Use results for future planning.

Statements for Student Reaction:

1. I feel more confident expressing my feelings and needs to others.
2. I don't think we need to talk about feelings.
3. I am comfortable sending "I-Messages."
4. "I-Messages" are something I will use in talking with others.
5. I am more aware of the "You-Messages" I send to others.
6. I am more aware of the feelings and needs of others.
7. I feel comfortable working in groups.
8. I feel more aware of the roles people play in groups.
9. I feel comfortable with most of the relationships I have with others.
10. I feel I can change my relationships with others.

GRADES 10, 11, 12 CONCEPT IV

CONCEPT: Identifying motivations for drug misuse and abuse can help us find alternatives for changing feelings and meeting needs.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION						
<u>OBJECTIVE A</u> The students will discuss that drugs are taken to change moods and feelings.	<u>ACTIVITY 1. Medication for Moods and Feelings</u> a. Brainstorming and Discussions: Have the students brainstorm a list of reasons for taking drugs. Then have students identify all reasons listed that have to do with altering moods and feelings. Ask students the questions: "Are certain drugs taken to produce certain feelings?" Discuss. b. Graphing Feelings: Write on the chalkboard the following drugs that are taken to change moods and feelings: <table><tr><td>marijuana</td><td>caffeine</td></tr><tr><td>alcohol</td><td>heroin</td></tr><tr><td>Valium</td><td>cocaine</td></tr></table> Have students use a balance graph (Plot the Drug Reaction, p. 27) to illustrate graphically the effects of medication with each of these drugs for moods and feelings. Have students relate the psychological effects to the physical effects graphed under Concept I of the curriculum.	marijuana	caffeine	alcohol	heroin	Valium	cocaine	<u>Teacher References:</u> <u>Drug Educations Content and Methods</u> by Daniel A. Girdano and Dorothy Dusek, Chapter 1. <u>Medicines and Drugs</u> by Brent Q. Hafen and Brenda Peterson, Chapter 8. <u>Materials:</u> <u>Worksheet: Plot the Drug Reaction</u>, p. 27	Alcohol Education
marijuana	caffeine								
alcohol	heroin								
Valium	cocaine								
<u>TEACHER INFORMATION</u> Some individuals have body physiologies that react in a reverse fashion to a drug, or produce reactions not felt by others. A drug <u>allergy</u> is an	<u>ACTIVITY 2. Individual Moods and Feelings (Discussion)</u> Explain to the class that drugs taken to alter moods and feelings may affect individuals in different ways. Ask students if they can identify some factors that influence how an individual's feelings will be affected by a drug. (Cont'd on next page.)	<u>Teacher References:</u> See above							

GRADES 10, 11, 12 CONCEPT IV

CONCEPT: Identifying motivations for drug misuse and abuse can help us find alternatives for changing feelings and meeting needs.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
<u>TEACHER INFORMATION</u>	<u>ACTIVITY 2. (cont'd)</u>		
extreme example of this situation, where the body reacts violently to the administration of a drug. Mood reactions to drugs are affected by many factors, particularly the expectations of the person taking the drug.	Examples: - individual physiology - allergies - past experiences - mood at time drug is taken - setting in which drug is taken		
<u>OBJECTIVE B</u>	<u>ACTIVITY 1. Balance Graph</u>	<u>Teacher Reference:</u>	
The students will identify activities which are alternatives to drug use.	Have the students illustrate on the worksheet, <u>Plot the Drug Reaction</u>, the tension changes caused by the following activities: dancing meditation running track painting roller skating basketball	"The Alternatives Concept" (Bureau of Drug Education, State Education	
	Have the students compare the graphs for these activities to graphs which illustrate tension changes from drug use. (See worksheets: <u>Tension Changes, Depressant</u>; <u>Tension Changes, Stimulant</u>.) Elicit from the students the similarities and differences between the graphs. Have the students discuss how certain activities can produce mood and feeling changes and be alternatives to drug use.	Department <u>Materials:</u> <u>Worksheets: Plot the Drug Reaction, p. 27</u> <u>Tension Changes, (Depressant) p. 19</u> <u>Tension Changes, (Stimulant) p. 21</u>	
	<u>ACTIVITY 2. Alternatives</u>	<u>Materials:</u>	
	Have the students create their own alternatives charts. Each student is to identify three activities s/he might select as alternative solutions to a problem, and the advantages and disadvantages of each.	<u>Worksheet: Recognizing Alternatives, p. 75</u>	

GRADES 10, 11, 12 CONCEPT IV

CONCEPT: Identifying motivations for drug misuse and abuse can help us find alternatives for changing feelings and meeting needs.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
<u>TEACHER INFORMATION</u> It is important that students recognize the distinction between happiness and the instant euphoria to which abusers such as cocaine may become addicted. It is neither normal nor desirable to seek a constant "happy" feeling.	ACTIVITY 3. <u>Happiness Is</u> (Listing) Have the students prepare a list of words which they associate with feeling happy or with feeling good about themselves. Then have students personally identify things or activities that make them feel happy or good about themselves. ACTIVITY 4. <u>Collage</u> Have the students create a collage of alternatives to drug misuse/abuse and share these with the class. SUPPLEMENTARY ACTIVITIES: ACTIVITY 5. <u>Bored</u> Students frequently complain they are bored and restless. Have the students plan a project that will be interesting and satisfying. Brainstorming in small groups can precede planning. ACTIVITY 6. <u>Filmstrip</u> Use a filmstrip to develop awareness of alternative highs to drug misuse/abuse. Have students discuss or write an essay on what it means to be "high on life."	Materials; Magazines, scissors, glue, or other materials for collage-making Filmstrip: "High On Life" (Guidance Associates) Film: "Up Pill, Down Pill" (BFA Educational Media)	English (Vocabulary) Art English
<u>TEACHER INFORMATION</u> The teacher should preview this thought-provoking film, and plan for leading the lively discussion that should follow.	ACTIVITY 7. <u>Film</u> Show a film which dramatizes the contrast between a young man who seeks escape from life through the use of drugs and an old man he encounters whose philosophy is to be involved with living until he dies.		

Worksheet: Recognizing Alternatives

Problem _____
Attitude and Feelings concerning problem _____

Solutions:

Alternative 1:

Advantages

Disadvantages

Alternative 2:

Advantages

Disadvantages

Alternative 3:

Advantages

Disadvantages

Choice _____ because _____

How might the feeling affect the decision _____

_____.

GRADES 10, 11, 12 CONCEPT IV

CONCEPT: Identifying motivations for drug misuse and abuse can help us find alternatives for changing feelings and meeting needs.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
OBJECTIVE C Students will explore ways of dealing with distress and pressure without the use of drugs. TEACHER INFORMATION Stress may be healthy or unhealthy. <u>Eustress</u> is a positive form of stress--that which stimulates growth and change. <u>Distress</u> is a negative form, causing discomfort and feelings of loss of control.	ACTIVITY 1. <u>My Distress Symptoms</u> a. Write the word "stress" on the chalkboard. Ask students to brainstorm other words brought to mind by this word. (e.g.: tension, pressure, anxiety, nervousness). Then write "eustress" and "distress" on the board, and explain how these forms of stress differ. b. Have students write down things they experience and/or do when they are feeling distress. Then present students with the following things people experience and do when they feel distress: - overeating - loss of appetite - irritability - headaches - difficulty sleeping - tiredness - diarrhea - constipation - cold hands - sweaty palms - inappropriate laughter - stuttering - bursts of nervous energy - illnesses - inability to concentrate - obsession with one subject or thing - drinking alcoholic beverages in excess - smoking - forgetfulness Have students compare their lists with the list presented. c. Explain to students that the distress we experience is frequently the result of a negative message we are giving ourselves (the way we interpret an event and our attitude toward that event). (Cont'd on next page.)	Teacher & Student References: <u>Learning to Control Stress</u> by M.W. Buckalew, Jr. <u>Controlling Stress & Tension</u> by Daniel A. Girdano and George Everly <u>Stress Without Distress</u> by Hans Selye <u>Low Reading Level Reference:</u> "About Stress" (Channing L. Bete)	

GRADES 10, 11, 12 CONCEPT IV

CONCEPT: Identifying motivations for drug misuse and abuse can help us find alternatives for changing feelings and meeting needs.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
TEACHER INFO. (cont'd) The experience of emotional distress is frequently subjective, i.e. it depends on how an individual interprets an event. Therefore, many experiences may be eustressful for some people and distressful for others. TEACHER INFORMATION People who see change as a challenge; feel commitment and not alienation in work or school situations; and who feel control over the events of daily life experience eustress more frequently than people without these attitudes.	ACTIVITY 1.c. (cont'd) For example, if we experience distress in anticipation of a test, it may mean that we are giving ourselves one or more of the following negative messages: - "I'm not smart enough to pass the test." - "I haven't studied hard enough to pass the test." - "If I don't pass the test, I won't pass this class." - "I never do well on tests." Have students focus on a distressful experience they have had and identify a negative message they were giving themselves. Ask students who are willing to share their experiences and messages with the class to do so. d. Explain to the students that it is possible to change the messages we send ourselves from negative messages to positive ones, thereby reducing distress. For example, in anticipation of a test, the message could be one or more of the following: - "I will set aside some time to study and do the best I can." - "I will do better if I don't let it upset me." - "One test is not that important. It's the overall picture that counts." - "I can do as well as anyone else." (Cont'd on next page.)		

GRADES 10, 11, 12 CONCEPT IV

CONCEPT: Identifying motivations for drug misuse and abuse can help us find alternatives for changing feelings and meeting needs.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
TEACHER INFORMATION When the body feels distress, a "fight or flight" response occurs. When faced with situations that the individual views as threatening, an involuntary response increases blood pressure, heart rate, breathing rate, blood flow and metabolic rate. The body prepares to run away or stand and fight. The "fight or flight" response is automatic and prepares the individual for self-defense. Everyone possesses a protective mechanism which counters the effects of distress. It is a <u>relaxation response</u> which decreases the physiological symptoms. An individual can learn to evoke this response through relaxation techniques (meditation, imagery, and cognitive restructuring).	ACTIVITY 1. (cont'd) Have students change the negative messages they identified for their own experiences to positive messages. Ask students who are willing to share to report their message changes to the class. Discuss with students that many of the distressful messages are habits of thinking. When they become aware of these messages they can begin to change them to more positive messages. ACTIVITY 2. <u>Relaxation Exercise</u> Explain to the students that it is possible to minimize the negative effects of distress by learning and practicing a relaxation exercise. On the chalkboard, write the four basic components of a relaxation exercise, and discuss each: 1. A quiet environment 2. A mental device to keep your mind from wandering. It can be a sound, word or phrase repeated silently 3. A passive attitude toward distracting thoughts 4. A comfortable position Lead the class in a relaxation exercise. Give the following directions in a quiet voice at an unhurried pace: 1. Sit quietly in a comfortable position 2. Close your eyes 3. Relax all your muscles, beginning at your feet and progressing up to your face. Relax your (Cont'd on next page.)		

GRADES 10, 11, 12 CONCEPT IV

CONCEPT: Identifying motivations for drug misuse and abuse can help us find alternatives for changing feelings and meeting needs.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
TEACHER INFO. (cont'd) It is helpful to use imagery and/or a recording of environmental sounds, such as ocean waves, block block out distractions and facilitate relaxation, relaxation.	ACTIVITY 2. (cont'd) feet...ankles...legs...knees...hips...etc. Feel the tension leave your body as you relax 4. Breathe deeply through your nose. As you breathe, think "In" and take a deep breath into your lungs; "Out" and exhale slowly. "In" ... "Out" ... "In" ... "Out" (Help the students breathe in a slow steady motion.) 5. Continue to relax until time is called. (Allow the students time to practice the relaxation exercise.) 6. Open your eyes; sit quietly for a few minutes - Think about how you feel. Discuss with the students their feelings at the end of the exercise. Explain to the students that they can repeat this technique whenever they need to relax.		
TEACHER INFORMATION Distress reactions change during the day. Distress may occur at certain times, in certain places, or under certain conditions. It can be helpful to monitor the distress in order to determine patterns. The following are four conditions that may increase distress, depending on how these conditions are experienced at any given time: <u>Self-talk distress</u> results from self-imposed demands and performance expectations. The "shoulds" that people tell	ACTIVITY 3. <u>Monitoring Distress</u> Duplicate the worksheet, <u>Monitoring Distress Graph</u>, and distribute to the class. Explain how to use the graph to measure and record distress reactions over a period of time. Have students estimate and chart their distress reactions each day for a week. At the end of the week, have them look for patterns of distress on their charts. Invite volunteers to share their discoveries with the class. Follow-up with a discussion of the four conditions of distress--self-talk, social, environmental, and drug-induced--and how each may be alleviated. Examples: <u>Self-Talk Distress</u>: change negative messages to positive messages; role-play with self to estab-	<u>Materials:</u> Worksheet, <u>Monitoring Distress Graph</u>, p. 81	
(Cont'd on page 83.)	(Cont'd on page 83.)		

Monitoring Distress Graph

Monitor levels of distress at different times of the day. Place the symbol which describes your conditions of distress at the appropriate place on the graph.

<u>Saturday</u>	High distress	— — — —	— — — —	— — — —	— — — —
	Moderate distress	— — — —	— — — —	— — — —	— — — —
	No distress				
<u>Friday</u>	High distress	— — — —	— — — —	— — — —	— — — —
	Moderate distress	— — — —	— — — —	— — — —	— — — —
	No distress				
<u>Thursday</u>	High distress	— — — —	— — — —	— — — —	— — — —
	Moderate distress	— — — —	— — — —	— — — —	— — — —
	No distress				
<u>Wednesday</u>	High distress	— — — —	— — — —	— — — —	— — — —
	Moderate distress	— — — —	— — — —	— — — —	— — — —
	No distress				
<u>Tuesday</u>	High distress	— — — —	— — — —	— — — —	— — — —
	Moderate distress	— — — —	— — — —	— — — —	— — — —
	No distress				
<u>Monday</u>	High distress	— — — —	— — — —	— — — —	— — — —
	Moderate distress	— — — —	— — — —	— — — —	— — — —
	No distress				
<u>Sunday</u>	High distress	— — — —	— — — —	— — — —	— — — —
	Moderate distress	— — — —	— — — —	— — — —	— — — —
	No distress				
		Morning	Afternoon	Night	Sleep

Conditions of Distress:

● Self talk distress
X Social distress

▲ Environmental distress
* Drug induced distress

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CONCEPT: Identifying motivations for drug misuse and abuse can help us find alternatives for changing feelings and meeting needs.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
<u>TEACHER INFO.</u> (cont'd) themselves cause internal distress. <u>Social distress</u> results from interaction with people. Conflicts with others or working with aggressive people can produce social distress. <u>Environmental distress</u> results from a physical environment that is anxiety-producing. Temperature (too hot/too cold), noise (too loud/too quiet), and light (too bright/too dark) are a few environmental distressors. <u>Drug-induced distress</u> results from the change in homeostasis that occurs when certain drugs are taken.	<u>ACTIVITY 3.</u> (cont'd) lish clearer thinking; share your thoughts with a positive-thinking friend. <u>Social Distress:</u> use assertiveness techniques, I-Messages, active listening. <u>Environmental Distress:</u> use relaxation techniques; change environment; become involved in community action. <u>Drug-Induced Distress:</u> learn effects and side-effects of drugs, withdrawal symptoms and their causes; check with doctor when unpredicted or severe reactions occur. <u>SUPPLEMENTARY ACTIVITIES:</u> <u>ACTIVITY 4. Filmstrip</u> Show a filmstrip that discusses the causes and effects of psychological stress. Have students submit reports summarizing the main points. <u>ACTIVITY 5. Videotape</u> Show and discuss film "Journey Through Stress." The accompanying guide contains discussion questions and suggested activities. <u>ACTIVITY 6. Sound-Slide Program</u> Show sound-slide program and use teacher's guide to identify discussion questions and related activities.	<u>Filmstrip:</u> "Dealing with Stress" (Sunburst communications) <u>Videotape:</u> "Journey Through Stress" from On the Level Series (Bureau of Mass Communications) <u>Sound-Slide Program:</u> "Keeping Cool: How to Deal With Stress" (Center for Humanities)	

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CONCEPT: Identifying motivations for drug misuse and abuse can help us find alternatives for changing feelings and meeting needs.

<u>OBJ. & TEACHER INFO.</u>	<u>LEARNING ACTIVITIES</u>	<u>RESOURCES</u>	<u>SUBJECTS FOR COORDINATION</u>
<u>OBJECTIVE D</u> The students will practice decision-making with a problem-solving model which is comfortable for them.	<u>ACTIVITY 1. Handling Problems</u> Ask the students to explore their past experiences in resolving problems. After focusing on problem situations which have confronted them, have them complete the worksheet, <u>Handling Problems</u>.	<u>Materials:</u> Worksheet, <u>Handling Problems</u>, p. 85	
	<u>ACTIVITY 2. Problem-Solving</u> Review the following problem-solving/decision-making models with the students: Traditional Model: - State the problem - Define the specifics of the problem - Brainstorm possible solutions - Identify the consequences - Choose a solution Force-Field Analysis: - Identify your goal - List all the forces that will help you achieve your goal - List all the forces that will interfere with attaining your goal - Plan a strategy for overcoming the forces that are preventing you from reaching your goal - Move on to one of the strategies Have the students discuss which model would be comfortable for them and why.	<u>Teacher Reference:</u> Introductory Section, <u>A Sampling of Teaching Methods</u>, p. xviii	

Worksheet : Handling Problems

<i>A Problem I Have Had</i>	<i>How I Attempted to Resolve the Problem</i>	<i>The Final Outcome</i>
184		185

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CONCEPT: Identifying motivations for drug misuse and abuse can help us find alternatives for changing feelings and meeting needs.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
	ACTIVITY 3. <u>Decision-Making Practice</u> Present the class with the models described in Activity 2 for problem-solving/decision making. Have students demonstrate how the models can be used to solve problems and make decisions in specific situations. Examples of Situations: - Patty has a choice of two after school jobs. She can work for a dentist or at a local dress shop. How should she decide which job to take? - Teresa's friends are going to a disco where she has been forbidden to go by her parents. How should she decide whether to go with them? - It is six weeks until graduation and Kurt doesn't know what to do with his future. How should he decide? - Duncan has found pills in his younger brother's desk. Because of the amount of pills found, Duncan is afraid his brother is selling as well as possibly using the drug. How should Duncan decide what to do?		Oral Expression
	ACTIVITY 4. <u>Problems</u> Have students refer back to the worksheet, <u>Handling Problems</u>, they completed for Activity 1, to evaluate the problem-solving process they used in the past. Review the Traditional Model and the Force Field Analysis Model for problem-solving. Have the students locate similarities and differences in these approaches and the approaches they used. Ask students to consider whether the use of one of these models might have improved the final outcome.	<u>Materials:</u> Worksheet: <u>Handling Problems</u>, p. 85	

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CONCEPT: Identifying motivations for drug misuse and abuse can help us find alternatives for changing feelings and meeting needs.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
SUPPLEMENTARY ACTIVITY:			
<u>TEACHER INFORMATION</u> In the film "Surrounded" an epileptic girl must choose between telling her friends about her condition or turning down their invitation for a trip. Another film in this series which could be used here is "Face to Face", which deals with conflict resolution between friends (middle class setting).	<u>ACTIVITY 5. Videotape</u> Show and discuss the film "Surrounded" The accompanying guide contains discussion questions and suggested activities. <u>ACTIVITY 6. Advice Column</u> Students may enjoy practicing problem-solving with the guidance of a fictional advice columnist, "Uncle Gus." <u>My Problem Is ...</u> contains discussions, writing assignments and other exercises in evaluating and resolving the everyday problems that people write to newspaper columnists.	<u>Videotape:</u> "Surrounded" from <u>On the Level</u> series (Bureau of Mass Communications) <u>Worktext:</u> <u>My Problem Is ...</u> by Margaret Dewey	
<u>OBJECTIVE E</u> Students will discuss how their health, life style and life span may be influenced by their decisions about substance use.	<u>ACTIVITY 1. A Deadly Game, What are the Odds?</u> Have students gather statistical information from life insurance companies regarding life expectancy projections for smokers vs. nonsmokers, drinkers vs. non-drinkers, overweight vs. nonoverweight persons, etc. and present a chart of their findings. Discuss. <u>ACTIVITY 2. Biographies</u> Have the students research and present reports about the lives and careers of popular entertainment figures whose deaths resulted from drug abuse (Janis Joplin, Jimi Hendrix, Judy Garland, Freddie Prinze, Elvis Presley, etc.). Discuss how their lives and careers were influenced by substance abuse.	<u>Resource:</u> Life insurance companies	Mathematics English

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CONCEPT: Identifying motivations for drug misuse and abuse can help us find alternatives for changing feelings and meeting needs.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
SUPPLEMENTARY ACTIVITY:			
<u>OBJECTIVE F</u> Students will develop a model for health and describe how decisions made now may affect health in the future. <u>TEACHER INFORMATION</u> Some of the decisions we make today about our lives and our health have significant effects on our future. Some people find it difficult to understand that today's actions may be tomorrow's problems. Developing a life-long plan for optimal health provides students with a perspective on how health behavior and decisions can affect different periods of a lifetime. This activity could be used for an in-depth study of the changing responsibilities and health choices a person makes in a lifetime for him/herself and loved ones.	<u>ACTIVITY 3. Film</u> Show and discuss film, "Rosie Grier: The Courage to Be Me" about an athlete who overcame several obstacles using positive coping skills.	<u>Film:</u> "Rosie Grier - The Courage to Be Me" (Churchill Films)	
	<u>ACTIVITY 1. Healthy People</u> Have students prepare a collage representing their perceptions of what healthy people look like. Persons of various stages of life in of various stages of life should be included in this collage, not just teenagers and young adults.	<u>Materials:</u> Magazines Scissors Glue Posterboard Marker	Art
	<u>ACTIVITY 2. Group Work</u> a. Divide the class into groups of 6-8. Have each group select a chairperson who will be responsible for coordinating the activity and presenting the group's product to the class. b. Ask each group to list or brainstorm all the factors present in a person's life that affect his/her health. Groups should categorize their lists into main topics with subtopics. (Examples of main topics could include: family; peers; personal health behaviors - mental and physical; school; job or career; social clubs; religious and spiritual development; leisure, etc.)	<u>Teacher Reference:</u> <u>Developing Effective Classroom Groups</u> by Gene Stanford	

(Cont'd on next page.)

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CONCEPT: Identifying motivations for drug misuse and abuse can help us find alternatives for changing feelings and meeting needs.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
<u>TEACHER INFO. cont'd.</u> This activity is also included in the <u>Tobacco Education Curriculum.</u>	ACTIVITY 2. (cont'd) c. Provide each student with four sheets of paper. Instruct students to divide each sheet into three columns, label the columns as they are in the model given, and label the sheets "Life-Long Plan for Optimal Health." (Teacher may want to provide students with forms already printed to save time). As a group, have the students discuss and list those practices or actions which are important for each main topic for each age group and come up with a plan representing the consensus of the group. Then have each group present their Life-Long Plan to the class. d. Have the class list those elements common to all or most of their models and explain why these practices or actions were chosen. SUPPLEMENTARY ACTIVITY:	<u>Materials:</u> <u>Model for A Life-Long Plan for Optimal Health, p. 91</u> Four sheets of paper per student (or printed forms)	
<u>TEACHER INFORMATION</u> This activity requires pre-viewing of the filmstrips and a plan for directing discussion. The teacher's guides offer discussion questions, but do not specifically address drug issues.	ACTIVITY 3. <u>Filmstrip</u> Show one of the filmstrips opposite (or another similar filmstrip) and have students relate the life tasks discussed to decisions regarding drug use. ACTIVITY 4. <u>Self-Management Worksheets</u> Students may benefit from completing their own selections from 48 exercises designed to develop specific life-management skills. (Examples of titles: "A Personal Philosophy of Life;" "Compensating for Personal Limitations;" "Relating to My Parents.")	<u>Filmstrips:</u> "Becoming Responsible" "Life Goals: Setting Personal Priorities" (Human Relations Media) <u>Spirit Masters:</u> <u>Managing Yourself</u> by E. Richard Churchill and Linda R. Churchill	Career Education Career Education

MODEL FOR A LIFE-LONG PLAN FOR OPTIMAL HEALTH

PAGE 1

LIFE-LONG PLAN FOR OPTIMAL HEALTH		
HEALTH FACTORS	BIRTH - AGE 5	GRADES K-6
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

PAGE 2

LIFE-LONG PLAN FOR OPTIMAL HEALTH		
JUNIOR HIGH	SENIOR HIGH	AGES 18-22

PAGE 3

LIFE-LONG PLAN FOR OPTIMAL HEALTH		
AGES 22-30	AGES 30-50	AGES 50-65

PAGE 4

LIFE-LONG PLAN FOR OPTIMAL HEALTH	
RETIREMENT	I LEARNED THAT ...

GRADES 10, 11, 12 CONCEPT IV

CONCEPT: Identifying motivations for drug misuse and abuse can help us find alternatives for changing feelings and meeting needs.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
OBJECTIVE G The students will identify sources of help and support within their own community.	ACTIVITY 1. <u>Community Directory</u> Have students research sources of help and support for people with various problems and publish their findings in a directory for reference by others.	References: National Institute of Mental Health. "Your Community Mental Health Center & You" (U.S. Government Printing Office) <u>Youthbook</u> (Citizen's Committee for New York City)	Social Studies
TEACHER INFORMATION All students should be aware of sources of help and procedures for getting help, whether or not they have current problems which require professional assistance. Events in people's lives which may precipitate the need for help are frequently unexpected.	ACTIVITY 2. <u>When to Get Help</u> Invite a school psychologist (or one from the community or a nearby college) or social worker to speak to the class about making a decision to seek help. Some Discussion Questions: 1. What kinds of problems should I solve on my own? 2. When should friends or family members be consulted? 3. What kinds of problems should I seek help for from school or community sources? 4. What alternative actions are available to me when an attempt at seeking help doesn't work out?	Resource Person: Psychologist or social worker	
	SUPPLEMENTARY ACTIVITY:		
TEACHER INFORMATION This filmstrip could be used as an introduction to this section.	ACTIVITY 3. <u>Filmstrip</u> Show a filmstrip to develop awareness of general sources of help for students who need assistance or support of various kinds. Follow-up with a discussion of local school and community sources.	Filmstrip Set: "Who Can Help You" (Guidance Associates)	Social Studies

GRADES 10, 11, 12 CONCEPT IV

CONCEPT: Identifying motivations for drug misuse and abuse can help us find alternatives for changing feelings and meeting needs.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	SUBJECTS FOR COORDINATION
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CULMINATING CONCEPT EVALUATION ACTIVITY:

Improving the Drug Curriculum

Explain to the students that, now that they have completed the drug curriculum, they have the opportunity to make the curriculum more meaningful for other students. Ask them to complete a survey which will be used in future planning.

Example of Survey Items:

- List two things you enjoyed doing.
- List two things you learned about substance use/ misuse/abuse that you think were important.
- List something you would have liked to spend more time on.
- List two ways you would improve the curriculum.
- List a topic you would like added to the curriculum.
- List one way your thinking about substance use/ misuse/abuse has changed.

GLOSSARY

AMPHETAMINE: A group of artificially-produced stimulant drugs which mimic the action of the sympathetic nervous system, producing stress-like reactions. Amphetamines are used medically in diet pills.

BARBITURATE: A group of artificially-produced sedative drugs which inhibit the signals produced by the central nervous system. Barbiturates are used medically to reduce anxiety and pain and to treat insomnia.

CANNABIS: The generic name for marijuana. It is used broadly to refer to the marijuana plant, cannabis sativa, and its products.

DEPRESSANT: A drug that temporarily decreases the activity of some vital process or organ. Barbiturates, tranquilizers, sedatives, narcotics and alcohol are examples of depressant drug types.

DILEMMA: A situation in which a difficult decision must be made between two or more choices involving uncomfortable consequences. A moral dilemma is a situation involving one or more moral conflicts.

DRUG ABUSE: Legal and medical definitions of "drug abuse" differ, and may be contradictory. A legal definition might be: the illegal self-administration of substances. Under this definition, an adult alcoholic could not be considered a drug abuser. Some other definitions: 1) the repeated use of a substance for a purpose that it cannot pharmacologically fulfill (medical); 2) a behavior pattern characterized by the repeated use of substances to fulfill an emotional or mental need (psychological); and 3) repeated use of substances in ways that cause harm to self or others (sociological).

DRUG DEPENDENCE: A condition which requires continuous use of a substance to maintain normal functioning. Two types of dependence are usually recognized: psychological and physical. It is now generally agreed that physical dependence involves psychological dependence; however, psychological dependence does not necessarily involve physical dependence. Drug dependency is characterized by a behavior pattern in which there is a compulsive and increasing involvement with the use of a drug and the securing of its supply.

DRUG MISUSE: The improper use of a drug. Drug misuse refers to the use of a drug for any unauthorized or nonmedical purpose. It may refer to taking a medication in any way that does not concur with directions for use or for any purpose which it cannot pharmacologically fulfill.

DRUG TOLERANCE: A condition of the body produced by physical adjustment to the effects of a drug. As adjustment is made, a larger dose may be required to achieve an effect. Thus body tolerance may lead an individual to become involved in a spiraling habit of increased use, increased dependence and increased tolerance.

FORCED CHOICE: A decision which must be made between two equally attractive or unattractive alternatives.

HABIT: A pattern of behavior formed and repeated by an individual to meet a need.

HALLUCINOGEN: A substance that alters perceptions of reality by producing hallucinations (causing a person to see, hear or feel things that are not real). Substances classified as hallucinogens produce these effects characteristically. Other drugs may produce hallucinogens as side effects when used by some people or in particular circumstances.

HOMEOSTASIS: The condition of normal functioning of the body, characterized as a balanced state. The hypothalamus of the brain functions to maintain homeostasis.

I-LANGUAGE: A form of self-expression which provides others with information about personal needs and feelings.

- I LEARNED... STATEMENT:** An evaluation method that provides a student with an opportunity for clarifying and summarizing orally or in a written statement something learned in the course of completing an activity. Example: "I learned that I can change my feelings about something by giving myself positive messages instead of negative messages."
- I-MESSAGE:** A statement worded to let someone know how you feel in a certain situation and why without blaming another for the situation or your feelings. An I-Message usually follows the form: "I feel... when... because...."
- INHALANT:** A substance which is breathed in, or inhaled, as the primary method of self-administration. Solvents, aerosols and anesthetics are classified as inhalants.
- NARCOTIC:** A substance which produces lethargy and sleep and reduces pain. Drugs made from opium, or opiates, are narcotics. Narcotics may be categorized as depressants; they are used medically as analgesics.
- NEED:** Something required in order to live, grow, mature or thrive. Maslow identified a hierarchy of categorized needs: 1) physical needs, 2) safety needs, 3) love needs, 4) self-esteem needs and 5) self-actualization needs. Examples of physical needs include food, shelter, warmth and a healthy body. Examples of psychological needs include safety, security, love, self-sufficiency, self-control and a sense of purpose in life.
- NEUROHORMONAL TRANSMITTERS:** Chemicals emitted by neurons which cause electrical charges to be transmitted across the synapse (space) between nerve cells. Neurohormonal transmitters thus control the message given to, and received by, all the cells and systems of the body. Neurohormonal transmitters include acetylcholine, norepinephrine, serotonin and dopamine, among probably many other substances. The term neurohormonal transmitter is sometimes abbreviated to neurotransmitter.
- PSYCHOACTIVE:** Producing an effect on the emotions or the mind. Synonym: psychotropic.
- REBOUND:** A reaction of the body to the administration of a drug, which occurs after the effects of the drug have worn off. The body reacts to produce an opposite effect equal to or greater than the effect of the drug. A person who takes a stimulant drug, for example, may show symptoms of depression after use of the drug is discontinued.
- SIDE EFFECTS:** Any effects produced by a drug or medication other than those for which the drug is intended. Most, if not all, drugs produce side effects, and they differ considerably in intensity and in type with the individual and the situation.
- STIMULANT:** A substance which temporarily increases the activity of the central nervous system. Caffeine, cocaine, nicotine and amphetamines are stimulant drugs.
- STRESS:** The nonspecific response of the body to any demand made upon it. Eustress is a positive response to the demand which promotes growth and change; distress is a negative response, which causes discomfort and fatigue, illness and/or damage to the body.
- TENSION LEVEL:** The degree of pressure, activity or stress within the mind and body.
- TRANQUILIZER:** A depressant drug used to reduce anxiety and tension that reduces the emotional response of the body. Tranquilizers are commonly prescribed, and will potentiate other depressant drugs. Examples of tranquilizers include Librium and Valium.
- WITHDRAWAL:** A characteristic set of symptoms which occur after the development of drug dependence, when regular use of the drug is interrupted. Also called abstinence syndrome. Delirium tremens is a set of symptoms characteristic of alcohol withdrawal.

EVALUATION FORM*

1. Activities My Students Liked Best (Title and Page No.): _____

2. Activities My Students Found Uncomfortable: _____

3. Activities I Thought Were Best: _____

4. Activities I Would Not Use (Why?): _____

5. Information That Was Most Helpful: _____

6. Sections I Did Not Use: _____

7. Errors That Should Be Corrected (Page No?): _____

8. Things That Should Be Added: _____

9. How Does This Curriculum Compare With Others You Have Used? (Circle One)
Best Better Than Most About Average Below Average Worst
10. Other Comments: _____

*When you have completed your Drug Education Unit, please fill in this form, fold, tape or staple, and mail to the Bureau of Drug Education. We look forward to receiving your input.

New York State Education Department
Bureau of Health and Drug Education and Services
Albany, New York 12234

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